# PRODUCT & OPERATIONS SPECIFICATION

# **PRU**Prime Healthcare Plus Pro

Conventional & Sharia

**V.2.4**

Planned Implementation Date:
January 2023



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## AUDIT TRAIL

| Version Date of Release | Changes | Prepared by | Reviewed by |
|---|---|---|---|
| V. 1<br>21 Jan 2022 | Preliminary Draft | Khabbab Muhammad Syauqi | Anita Setianingrum |
| V.1.1<br>24 Jan 2022 | Result from Hothouse Day-1:<br>1. Update Section 3.3.4:<br>a. Upgrade Room Fixed Amount for Platinum and Diamond<br>b. Update Lodging for Companion benefit to follow existing PPH+<br>c. Update Traditional Medication benefit to be per day / per year<br>d. Update Alternative Inpatient Care (Indonesia Only) to be more competitive<br>e. Update HIV/AIDS Benefit to follow existing PPH+<br>f. Add information that Alternative Inpatient Care (Indonesia Only) will only be available for cashless payment method<br>2. Update Rate Repricing Frequency in Section 3.5.13<br>3. Update Reinsurance information in Section 3.8<br>4. Add terms and conditions for attaching/detaching Rider on Rider in Section 4.3 | Khabbab Muhammad Syauqi | Anita Setianingrum |
| V.1.2<br>25 Jan 2022 | Result from Hothouse Day-2:<br>1. Update overseas pre-certification abroad related to Cashless Facility in section 4.4 | Khabbab Muhammad Syauqi | Anita Setianingrum |
| V.1.3<br>26 Jan 2022 | Result from Hothouse Day-3:<br>1. Update section 3.4:<br>a. Added issues ages for Rider on Rider<br>b. Updated Eligibility rules for RoR maternity<br>c. Updated policy term for RoR<br>2. Update T&C related to attach/detach of RoR in section 4.3 | Khabbab Muhammad Syauqi | Anita Setianingrum |
| V.1.4<br>2 Feb 2022 | 1. Update table of benefit in section 3.3.4 based on discussion with RGA:<br>a. Update Inpatient Palliative Care benefit to Max 180 days per year<br>b. Update Outpatient Palliative Care benefit to Max 180 days per year<br>c. Update RoR Dental benefit<br>d. Update RoR Maternity benefit<br>2. Added RoR claim scenario in example 16, 17, 18, and 19 in section 3.3.6 | Anisa Adriana Putri | Anita Setianingrum |
| V.1.5<br>4 Feb 2022 | 1. Update table of benefit in section 3.3.4 based on discussion with AEC and Leaders.<br>2. Removed RoR benefit and the scenario in section 3.3.6<br>3. Revised regulatory compliance in section 8.1.1<br>4. Update AML Assessment in section 8.5 | Khabbab Muhammad Syauqi | Anita Setianingrum |
| V.1.6<br>9 Feb 2022 | 1. Updated key selling point in section 2.1.3<br>2. Revised fix amount of type room for medical and financial table in section 4.2 | Khabbab Muhammad Syauqi | Anita Setianingrum |



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| V.1.7<br>14 Feb 2022 | 1. Update key selling point in section 2.1.3<br>2. Update section 3.3, table benefit in section 3.3.4, table of product facility summary in section 3.3.6, and NEW in PPH+ Revamp based on RGA comments.<br>3. Added information related to rules of cross product in section 4.1.<br>4. Updated T&C for change policy term in section 4.3.<br>5. Added T&C for Obsolete Riders in section 4.3<br>6. Updated product code in section 4.5 | Nadillah Mathni Khoirani | Anita Setianingrum |
| V.1.8<br>16 Feb 2022 | 1. Updated business rules of NCB in section 3.3.3<br>2. Removed T&C proration due to room shortage in section 3.3.6 based on RGA feedback.<br>3. Added aggregate limit for conventional and sharia in section 3.4.5<br>4. Updated rules of amount of annual limit & PRUPrime limit booster for upgrade/downgrade of plan type across riders in section 4.3 | Khabbab Muhammad Syauqi | Anita Setianingrum |
| V.1.9<br>18 Feb 2022 | 1. Revised amount of annual limit and PRUprime limit booster on scenario NCB and annual limit in section 3.3.6 and 4.3<br>2. Added scenario NCB for conversion product in section 3.3.3<br>3. Revised key exclusion in section 3.6.1<br>4. Updated T&C Across Product in section 4.1<br>5. Updated Regulatory Compliance in section 8.1<br>6. Updated based on feedback from RGA<br>• Updated key selling point in section 2.1.3<br>• Updated Key Benefit Table in section 3.3<br>• Updated Table of Benefit in section 3.3.4 based on feedback from RGA and Pricing<br>• Updated NEW in PPH+ Revamp<br>• Updated deductible in section 3.3.5<br>• Updated table product facility summary in section 3.3.6 | Khabbab Muhammad Syauqi & Nadillah Mathni Khoirani | Anita Setianingrum |
| V.2.0<br>24 Feb 2022 | 1. Revised product name from “PRUPrime Healthcare Revamp” to “PRUPrime Healthcare Pro” in all section<br>2. Revised Palliative Care benefit in all section<br>3. Update Room Fixed Amount and ICU R&B for Cermat plan in section 3.3.4<br>4. Revised traditional medical treatment in NEW in PPH+ Pro<br>5. Updated Key exclusions for hospitalization in section 3.6.1<br>6. Revised End of Coverage in section 3.6.4<br>7. Updated T&C for cross product in section 4.1 | Nadillah Mathni Khoirani | Anita Setianingrum |
| V.2.1<br>08 Mar 2022 | 1. Added Telemedicine benefit<br>• Updated key selling point in section 2.1.3<br>• Updated Key Benefit Table in section 3.3<br>• Updated Table of Benefit in section 3.3.4<br>• Updated NEW in PPH+ Pro<br>• Updated deductible in section 3.3.5<br>• Updated table product facility summary in section 3.3.6<br>2. Added ujrah and tabarru allocation for lower and higher plan in section 3.5 | Venna Shintya & Nadillah Mathni Khoirani | Anita Setianingrum |



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| V.2.2<br>17 Mar 2022 | 1. Added insights driving the product/proposition idea in Section 1.1.1<br>2. Added reason to launch this product in Section 1.2.2<br>3. Updated product schedule in Section 1.4<br>4. Revised benefit name from “Telemedicine treatment in Indonesia” to “Telehealth in Indonesia” in all sections<br>5. Revised benefit name from “Telemedicine treatment for Cancer treatment outside Indonesia” to “Telehealth for Cancer Treatment in Malaysia and Singapura” in all sections<br>6. Revised benefit name from “Replacement Inpatient Care” to “Alternative Inpatient Care” in all sections<br>7. Revised benefit name from “Psychiatric Care” to “Psychiatric and Psychological Care” in all sections<br>8. Moved Traditional Medical Treatment from Inpatient benefit to Outpatient benefit in all sections<br>9. Updated NEW in PPH+ Pro<br>• Revised Telehealth in Indonesia<br>• Revised Telehealth for Cancer Treatment in Malaysia and Singapura<br>• Revised Alternative Inpatient Care<br>• Revised Traditional Medical Treatment<br>• Revised Psychiatric and Psychological Care<br>10. Updated Key Exclusions in section 3.6.1<br>11. Updated conversion tables in section 4.3<br>12. Updated competitive landscape in Section 7.1.2. | Nadillah Mathni Khoirani & Venna Shintya | Anita Setianingrum |
| V.2.3<br>19 Apr 2022 | 1. Updated in section 3.3.4<br>• Revised Telehealth in Indonesia and Telehealth for Cancer Treatment in Malaysia and Singapura<br>• Updated Emergency Treatment for Accidental Injury (incl.dental) limit and Continued Outpatient Treatment for Accidental Injury limit for Cermat Plan of Benefit Table | Venna Shintya | Ivennia Andriani & Marcellino Erlangga Wijaya Heryagung |
| V.2.4<br>11 Aug 2022 | 1. Removed “Alternative Inpatient Care” in all section<br>2. Revise “Telehealth for Cancer Treatment in Malaysia and Singapura” to “Telehealth for Cancer Treatment in Malaysia or Singapura” in all section<br>3. Updated suitable and unsuitable target market in section 1.1.2<br>4. Revised alignment with business plan and product calendar in section 1.3.1<br>5. Revised product schedule in section 1.4<br>6. Revised key selling point for General Practitioner Visits and Specialist Visit in section 2.1.3<br>7. Put TBD for new ILP marketing name and non-guaranteed renewable in section 3.2<br>8. Updated in section 3.3<br>• Updated as-charged and inner limit benefit<br>• Updated proration factor formula | Venna Shintya | Ivennia Andriani & Khabbab Muhammad Syauqi |



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| | 9. Revised Example 12 of NCB sample cases in section 3.3.3<br>10. Updated listed product for Table of Benefit of PRUPrime Healthcare Plus Pro in section 3.3.4<br>11. Updated explanation of Telehealth in Indonesia, Telehealth for Cancer Treatment in Malaysia or Singapura, Palliative Care, and Psychiatric and Psychological Care in section NEW in PRUPrime Healthcare Plus Pro<br>12. Updated explanation of Funeral expenses in section 3.3.5<br>13. Updated in section 3.3.6<br>• Added Psychiatric and Psychological Care in Benefits Applicable for Deductible for plan Bronze A – Diamond<br>• Revised proration factor formula<br>• Updated no proration T&C<br>• Removed deductible check for Physiotherapy, Occupational Therapy, or Speech Therapy for Outpatient in Table of Product Facility Summary for Cermat Plan<br>• Removed deductible and pro-rate for higher grade room for Physiotherapy, Occupational Therapy, or Speech Therapy for Outpatient in Table of Product Facility Summary for higher plan<br>• Updated Example 1-10 of claim scenarios<br>• Added Example 11-24 of claim scenarios<br>• Removed Non-Lapse Guarantee (NLG) in all section<br>14. Updated maximum entry age in section 3.4.1<br>15. Put TBD on agent eligibility in section 3.4.2<br>16. Updated maximum aggregate limit per life T&C in section 3.4.5<br>17. Added information about Lien and Waiting Period Clauses in section 3.4.6<br>18. Put TBD for Non-Guaranteed Renewal in section 3.5.4<br>19. Updated key exclusions for point 21c, 35, and 36 in section 3.6.1<br>20. Updated in section 4.2<br>• Updated medical underwriting table for PRU-elites club and non PRU-elites club<br>• Added information about Lien and Waiting Period<br>21. Updated in section 4.3<br>• Updated medical underwriting table for PRU-elites club and non PRU-elites club<br>• Added lien and waiting period for FUW conversion<br>22. Added information for business volume in section 5.3.1<br>23. Added information for campaign management system in section 6.10<br>24. Revised max entry age of PPH Plus Pro for competitive landscape in section 7.1.2 | | |



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# 1. BUSINESS CONSIDERATIONS

## 1.1 Background and Insights

### 1.1.1 Insights driving the product/proposition idea

In 2019, PLA launched its first as-charged hospital & surgical rider in Indonesian Life Insurance Market which offers a flexible Coverage Area, Room Type, and Fixed Amount i.e. **PRU**Prime Healthcare Plus. It is an as-charged Hospital and Surgical Plan which pays out all medical expenses incurred by the Insured in the Hospital and Ward Class of the Insured's entitlement under the selected Plan Type due to illness or accident. Each plan has Room & Board Limit in which the maximum amount for Insured is eligible to stay. After 2 years of the launch of **PRU**Prime Healthcare Plus, we encounter some feedbacks from the sales force and customers which require further enhancement. For example, **PRU**Prime Healthcare Plus currently do not cover Traditional Medical Treatment, meanwhile almost all competitors in the market have already covered the Traditional Treatment.

In order to remain competitive in the market, we need to make sure that our business is alert to emerging threats from the competitors and that we are ahead of the curve rather than being a follower. PLA's main competitors nowadays have become more and more aggressive in delivering new product features to please the customers, which made the atmosphere competition in the market become more and more challenging. For instance, PLA's main competitors (Allianz, AIA, Axa, Manulife) provides higher annual limit, higher funeral compensation, Allianz and Axa with Palliative Care and Traditional Treatment, and Allianz and Manulife with Outpatient Psychiatric Care. This is the area we have lost the market share. Therefore, launching this product is vital for PLA to re-strengthen its position in the market as well as to defend against the attack from competitors.

As a business seeking for strong growth, it's also fundamental for PLA to remain relevant with the evolving sales force and customers' expectation, to better understand the customers' needs, and to fully adapt with the development of medical technology.

**PRU**Prime Healthcare Plus Pro will be an as-charged hospital & surgical rider in Indonesian Life Insurance Market which offers a flexible Coverage Area, Room Type, and Fixed Amount, providing customers with a wider degree of freedom to choose medical benefits according to their needs. This new rider duplicating the competitive features of **PRU**Prime Healthcare Plus, combined with some new breakthroughs which will allow our customers to experience health protection to its fullest extent. By launching this product, we not only target to give broader options to our customers towards flexible and extensive insurance protection, but also enable PLA to improve the competitiveness in the market, recapture the mass market and mass affluent market segments, as well as retain experience agents/leaders.

### 1.1.2 Target customer segment

- Product name:

| Channel | Marketing Name |
|---|---|
| Agency | **PRU**Prime Healthcare Plus Pro |

- The criteria to be met for the target market:

| Criteria | **PRU**Prime Healthcare Plus Pro |
|---|---|
| Distribution / Channel | Agency |
| Sales Model | Face to Face and Non Face to Face |
| Target Market | Mass and Mass Affluent Market |
| Suitable Target Market | • 30 days – 75 years old (next birthday)<br>• For higher plans (Bronze A – Diamond): it's suitable for the customers who are interested to unit-linked product with |



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|---|---|
| | as-charged health protection and seeking more complete benefit with higher premium rate<br>• For lower plans (Cermat 1 – 3): it's suitable for the customers who are interested to unit-linked product with comprehensive health protection focusing on inner limit benefit and seeking more affordable protection due to lower premium rate |
| Unsuitable Target Market | • Under 30 days (real birthday)<br>• Above 75 years old (next birthday)<br>• For higher plans (Bronze A – Diamond):<br>1. Customers who are not interested to unit-linked product; or<br>2. Customers who are interested to unit-linked product with simpler benefit, more affordable premium, and non as-charged health protection.<br>• For lower plans (Cermat 1 – 3):<br>1. Customers who are not interested to unit-linked product; or<br>2. Customers who are interested to unit-linked product with more comprehensive benefit and as-charged health protection. |
| Age Range Target Market | 30 days-45 years old |
| Coverage Period | 55/65/75/85/99 years old (real birthday) |
| Average Premium | ≥ IDR 16,000,000 per year |
| Occupation Class | All |
| Geographical | Major cities in Indonesia (e.g. Jakarta, Medan, Surabaya, Denpasar, Bandung, Batam, Jogjakarta).<br><br>In terms of availability, the product will still be available to other cities as well.<br><br>Note: where there are customers with certain affordability, the product will be made available to them. |
| Potential Insured | Adults and Juvenile |

- The criteria to be met for the target sellers:
  Agency
  - All PLA licensed agents who pass training and online test in PRUforce
  - Excluding red agents

### 1.2 Product purpose

#### 1.2.1 Reason to launch this product

**PRU**Prime Healthcare Plus Pro will be an as-charged hospital & surgical rider in Indonesian Life Insurance Market which offers a flexible Coverage Area, Room Type, and Fixed Amount, providing customers with a wider degree of freedom to choose medical benefits according to their needs. This new rider duplicating the competitive features of **PRU**Prime Healthcare Plus, combined with some new breakthroughs which will allow our customers to experience health protection to its fullest extent.

This product will create new opportunity to strengthen PLA's position in mass market segmentation, and to reinforce its commitment to continuously create more dynamic and innovative insurance product that is focused on customers' needs.



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**1.2.2 New product, replacement product or enhancement**

This product is an enhancement of the existing **PRU**Prime Healthcare Plus in PLA's product strategy roadmap.

**1.3 Strategy Alignment**

**1.3.1 Alignment with business plan and product calendar**

- To meet PLA's business plan target for year 2023.
- This new **PRU**Prime Healthcare Plus Pro rider will be one of the January deliverables in 2023 product calendar.
- PLA will develop products that are able to meet customers' needs and build profit at the same time. The proposed **PRU**Prime Healthcare Plus Pro rider will offer comprehensive yet affordable hospital & surgical coverage.

**1.3.2 Alignment with PCA's product strategy**

**PRU**Prime Healthcare Plus Pro is an agreed product in PLA's product strategy roadmap.

**1.4 Product schedule (TBD)**

- OJK Submission : 19 Oct 2022
- PCP Submission : 12 Oct 2022
- PSD Submission (EEV) : 31 Oct 2022
- PSD Submission (ECAP) : 11 Nov 2022
- PSD Finalization : 16 Dec 2022
- OJK Approval : 20 Jan 2023
- Product Deployment : 20 Jan 2023
- Product Launch : 27 Jan 2023

## 2. CUSTOMER AND MARKETING

**2.1 Customer proposition strategy**

**2.1.1** Value proposition for the target segment

- Core product benefits: As-charged hospital & surgical cover
- Other service benefits: Medical Evacuation & Medical Second Opinion
- Emotional benefits: **PRU**Prime Healthcare Plus Pro helps customers to safeguard against unexpected medical expenses which could setback financial well-being. It provides customers with a peace of mind knowing that during the treatment period, their medical expenses can be taken care of and they can focus on recovery.

**2.1.2** Product and service positioning in the market

A comprehensive as-charged Hospital & Surgical Rider with flexibility to choose Coverage Area, Room Type (not applicable to Cermat), and Fixed Amount.

**2.1.3** Key Selling Point

- As-charged hospital & surgical benefit with flexibility to choose Coverage Area, Room Type, and Fixed Amount.
- Cashless worldwide coverage area (including USA)
- Unlimited days/year for inpatient
- 2 General Practitioner Visits per day
- 2 Specialist Visits per day per type of specialist
- Coverage up to Insured's age 99 years old



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- For plan Bronze A – Diamond, claim at outside coverage area will be paid pro-rated. For plan Cermat 1 -3, claim at outside coverage area will be paid inner limit.
- Competitive annual limit up to 70 IDR bio (including **PRU**Prime Limit Booster)
- Wider coverage for cancer treatment i.e. Chemotherapy, Radiotherapy, Targeted Therapy, Immunotherapy, and Hormonal Therapy
- As-charged outpatient Cancer Treatment and Kidney Dialysis which doesn't require prior inpatient treatment
- Surveillance Benefit for Cancer (up to 5 years active treatment)
- Traditional Medical Treatment
- Pre and Post Treatment for Day Surgery
- As-charged Third-Party Donor Upon Major Organ Transplant (including kidney, liver, heart, lungs, and bone marrow)
- Daily Cash Benefit
- No age constraint for Companion's Lodging with higher Inner Limit
- Breast reconstruction surgery after mastectomy due to cancer or accident
- Face reconstruction due to cancer or accident
- Other Reconstruction Surgeries due to cancer or accident, excluding Breast and Face reconstruction. (only for Bronze A – Diamond)
- Telehealth in Indonesia
- Telehealth for Cancer Treatment in Malaysia or Singapura
- Palliative Care
- Psychiatric and Psychological Care
- No Claim Bonus (NCB) or Fasilitas Manfaat Berkembang (syariah version) rewards customers with more benefit so the premium you paid continue to work for customers to provide higher benefits
- **PRU**Prime Saver provides customers with more affordable premium that helps build up fund value
- Second Medical Opinion and Medical Evacuation

### 2.2 Advertising and promotional plans

**2.2.1** Marketing materials required

- Sales brochure
- Product summary
- Sales illustration
- Sales pitch based on needs
- Product script
- FAQ and Q&A
- Customer campaign
- Product contest

**2.2.2** Advertising and promotional activities

- Digital banner and links to brochure on company website
- Digital banner and brochure on **PRU**smart and **PRU**planner
- Digital banner and links to brochure on **PRU**access
- Digital advertisement on social media

**2.2.3** Cost estimation and recovery

Not available

## 3. PRODUCT FEATURES



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### 3.1 Product Description

**PRU**Prime Healthcare Plus Pro is an As-Charged Hospital and Surgical Plan which pays for inpatient medical expenses incurred by the Insured in the Hospital and Ward Class of the Insured's entitlement under the Plan Type insured, due to illness or accident. This product is an enhancement of the existing PLA's foremost rider product, PRUprime healthcare plus. This will be an as-charged benefit for hospital & surgical benefit in Indonesia which provides flexibility for customers to choose the Geographic Coverage, Room Type, and Fixed Amount according to their needs.

### 3.2 Product Classification

- Unit Deducting Rider (UDR) attached to a New ILP (marketing name TBD)
- Term product
- Non-par product
- Individual and corporate business
- IDR only
- Without Cash Value
- Local statutory and PCA accounting classification
- The product is OUT scope of FATCA
- Non-guaranteed renewable (TBD)
- Cancellable (at the Policy anniversary)

For the purpose of the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS), is this product in-scope?

| Question | Direction for the Answer | Answer Yes/No |
|---|---|---|
| Q1. Is the product an annuity product or insurance product? | Annuity: In-scope<br>Insurance: proceed to Q2 | Insurance |
| Q2. Does the product allow policy loan? | Yes: in-scope<br>No: proceed to Q3 | No |
| Q3. Does the product have cash value or any amount (other than a death benefit) payable upon or prior to cancellation or termination of the contract (e.g. return, interest, dividend, ROP)? | Yes: in-scope<br>No: proceed to Q4 | No |
| Q4. Is the cash value comprised of any investment return components such as interest, dividends, bonus? | Yes: in-scope<br>No: proceed to Q5 | No |
| Q5 – Does the product provide coverage up to 90 years of age or beyond? | Yes: in-scope<br>No: proceed to Q6 | No |
| Q6 – Does periodic Contributions decrease over time and are payable at least annually during the period the contract is in existence or until the insured attains age 90, whichever is shorter? | Yes: in-scope<br>No: proceed to Q7 | No |
| Q7 – Does the contract have contract value that can be accessed by any person (by withdrawal, loan or otherwise) without terminating the contract? | Yes: in-scope<br>No: proceed to Q8 | No |
| Q8 – Does the amount (other than a death benefit) payable upon cancellation or termination of the contract **exceed the aggregate Contributions paid for the contract,** less the sum of mortality, morbidity, and expense charges (whether or not actually imposed) for the period or periods of the contract's existence and any amounts paid prior to the cancellation or termination of the contract? | Yes: in-scope<br>No: proceed to Q9 | No |



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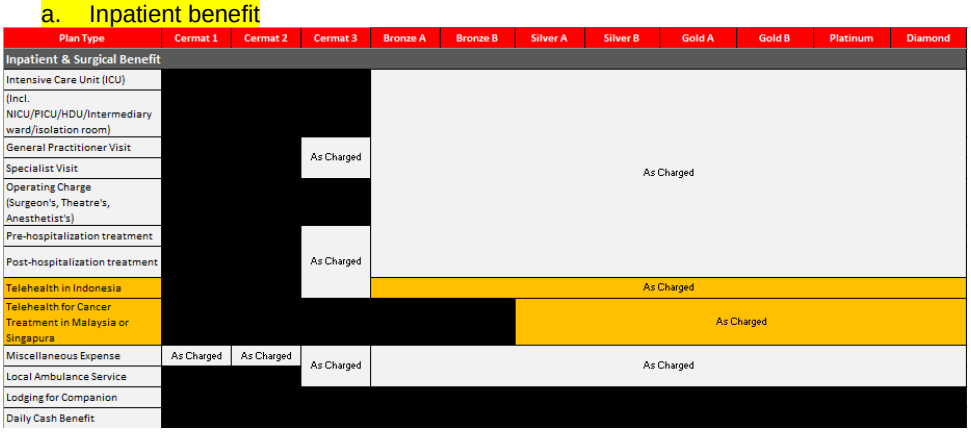
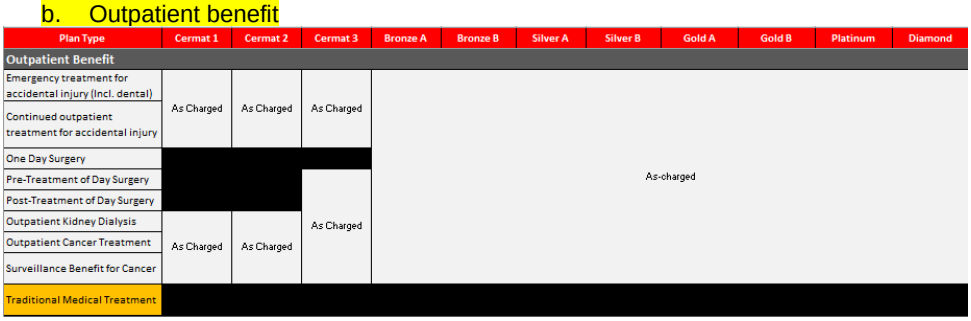
| Q9 – Is the contract held by a transferee for value | Yes: in-scope<br>No: out-of-scope | No |

| | | |
|---|---|---|
| Is the product in scope of FATCA? | One or more "yes" in Q2 – Q6 | **No** |
| Is the product in scope of CRS? | One or more "yes" in Q2 – Q6 | **No** |

### 3.3 Key Benefit

| Main Benefit | Other Benefits |
|---|---|
| **Room Benefit and Geographic Coverage:**<br>✓ Cermat 1: 300K (Indonesia only)<br>✓ Cermat 2: 550K (Indonesia only)<br>✓ Cermat 3: 650K (Indonesia only)<br>✓ Bronze A: Twin Bed (Indonesia only)<br>✓ Bronze B: Single Bed with bathroom inside (Indonesia only)<br>✓ Silver A: Twin Bed (Asia, excl. SG, HK, JP)<br>✓ Silver B: Single Bed with bathroom inside (Asia, excl. SG, HK, JP)<br>✓ Gold A: Twin Bed with bathroom inside (Asia)<br>✓ Gold B: Single Bed with bathroom inside (Asia)<br>✓ Platinum: Single Bed with bathroom inside (Worldwide, excl. USA)<br>✓ Diamond: Single Bed with bathroom inside (Worldwide)<br><br>**Claims Treatment**<br>**1. As charged benefit**<br>a. Inpatient benefit<br>  <br><br>b. Outpatient benefit<br>  <br> | ✓ Medical Second Opinion<br>✓ Medical Evacuation<br>✓ **PRU**Prime Limit Booster<br>✓ No Claim Bonus (NCB) |



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c. Special benefit

| Plan Type | Cermat 1 | Cermat 2 | Cermat 3 | Bronze A | Bronze B | Silver A | Silver B | Gold A | Gold B | Platinum | Diamond |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Special Benefit** | | | | | | | | | | | |
| Breast reconstruction surgery after mastectomy due to cancer or accident | As Charged | As Charged | As Charged | As Charged | | | | | | | |
| Face reconstruction due to cancer or accident | | | | | | | | | | | |
| Other Reconstruction Surgeries due to Cancer or Accident excluding Breast and Face reconstruction. | | | | As Charged | | | | | | | |
| Pyschiatric and Psychological Care | | | | As Charged | | | | | | | |
| Home Nursing Care | | | As Charged | As Charged | | | | | | | |
| Third Party Donor upon major organ transplant (including kidney, liver, heart, lungs, and bone narrow) | As Charged | As Charged | | | | | | | | | |
| Physiotherapy, Occupational Therapy, or Speech Therapy | | | | | | | | | | | |
| Palliative Care | | | | As Charged | | | | | | | |
| HIV/AIDS Benefit | | | | | | | | | | | |
| Funeral Benefit | | | | | | | | | | | |

## 2. Inner limit benefit

a. Inpatient benefit

| Plan Type | Cermat 1 | Cermat 2 | Cermat 3 | Bronze A | Bronze B | Silver A | Silver B | Gold A | Gold B | Platinum | Diamond |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Inpatient & Surgical Benefit** | | | | | | | | | | | |
| Intensive Care Unit (ICU) | Inner Limit | Inner Limit | Inner Limit | | | | | | | | |
| (Incl. NICU/PICU/HDU/Intermediary ward/isolation room) | | | | | | | | | | | |
| General Practitioner Visit | | | | | | | | | | | |
| Specialist Visit | | | | | | | | | | | |
| Operating Charge (Surgeon's, Theatre's, Anesthetist's) | | | Inner Limit | | | | | | | | |
| Pre-hospitalization treatment | | | | | | | | | | | |
| Post-hospitalization treatment | | | | | | | | | | | |
| Telehealth in Indonesia | | | | | | | | | | | |
| Telehealth for Cancer Treatment in Malaysia or Singapura | | | | | | | | | | | |
| Miscellaneous Expense | | | | | | | | | | | |
| Local Ambulance Service | Inner Limit | Inner Limit | | | | | | | | | |
| Lodging for Companion | Inner Limit | Inner Limit | Inner Limit | Inner Limit | | | | | | | |
| Daily Cash Benefit | | | | | | | | | | | |

b. Outpatient benefit

| Plan Type | Cermat 1 | Cermat 2 | Cermat 3 | Bronze A | Bronze B | Silver A | Silver B | Gold A | Gold B | Platinum | Diamond |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Outpatient Benefit** | | | | | | | | | | | |
| Emergency treatment for accidental injury (Incl. dental) | | | | | | | | | | | |
| Continued outpatient treatment for accidental injury | | | | | | | | | | | |
| One Day Surgery | Inner Limit | Inner Limit | Inner Limit | | | | | | | | |
| Pre-Treatment of Day Surgery | | | | | | | | | | | |
| Post-Treatment of Day Surgery | | | | | | | | | | | |
| Outpatient Kidney Dialysis | | | | | | | | | | | |
| Outpatient Cancer Treatment | | | | | | | | | | | |
| Surveillance Benefit for Cancer | | | | | | | | | | | |
| Traditional Medical Treatment | | | | Inner Limit | | | | | | | |

c. Special benefit

| Plan Type | Cermat 1 | Cermat 2 | Cermat 3 | Bronze A | Bronze B | Silver A | Silver B | Gold A | Gold B | Platinum | Diamond |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Special Benefit** | | | | | | | | | | | |
| Breast reconstruction surgery after mastectomy due to cancer or accident | | | | | | | | | | | |
| Face reconstruction due to cancer or accident | | | | | | | | | | | |
| Other Reconstruction Surgeries due to Cancer or Accident excluding Breast and Face reconstruction. | | | | | | | | | | | |
| Pyschiatric and Psychological Care | | | | | | | | | | | |
| Home Nursing Care | Inner Limit | Inner Limit | | | | | | | | | |
| Third Party Donor upon major organ transplant (including kidney, liver, heart, lungs, and bone narrow) | | | | | | | | | | | |
| Physiotherapy, Occupational Therapy, or Speech Therapy | Inner Limit | Inner Limit | | | | | | | | | |
| Palliative Care | | | | | | | | | | | |
| HIV/AIDS Benefit | | | | Inner Limit | | | | | | | |
| Funeral Benefit | | | | Inner Limit | | | | | | Inner Limit | |
| Marhamah Compensation Benefit (Syariah Only) | | | | Inner Limit | | | | | | | |



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**3. Claim treatment for claim with higher grade room and/or outside coverage area**

a. For higher plans (Bronze A – Diamond)

i. Proration for claim outside coverage area

| Treatment in | Plan Type | | | | |
|---|---|---|---|---|---|
| | **Bronze Indonesia** | **Silver Asia (exclude Japan, Hong Kong, Singapore)** | **Gold (Asia)** | **Platinum Worldwide (exclude USA)** | **Diamond Worldwide** |
| **Indonesia** | 100% | 100% | 100% | 100% | 100% |
| **Asia (exclude Japan, Hong Kong, Singapore)** | 50% | 100% | 100% | 100% | 100% |
| **Asia** | 15% | 30% | 100% | 100% | 100% |
| **Worldwide (exclude USA)** | 10% | 15% | 60% | 100% | 100% |
| **Worldwide** | 5% | 10% | 40% | 60% | 100% |

ii. Proration for claim with higher grade room

*Proration factor*

$$\frac{\textit{Total Entitled Daily Room and ICU Room Cost in accordance with the Plan chosen by policyholder}}{\textit{The sum of Daily Room and ICU Room Cost per day during inpatient with the calculation of the cost per day is whichever is higher between actual Room cost or The Entitled Daily Room and ICU Room Cost in accordance with the Plan chosen by the policyholder}}$$

$$\textit{The Entitled Daily Room and ICU Room Cost} = max(\textit{fixed amount}, \textit{daily room and ICU room cost covered by the policy})$$

b. For lower plans (Cermat 1 – 3)
Inner limit treatment for claim with higher grade room and/or outside coverage area.

For more detailed description, please refer to **PRU**Prime Healthcare Plus Pro Table of Benefit in Section 3.3.4

### 3.3.1 Guaranteed benefits

*Refer to Section 3.3.4 Benefit schedule and limits, if applicable.*

### 3.3.2 Events covered

- The coverage begins immediately after Policy issuance for hospitalisation caused by accidents.
- The coverage begins 30 (thirty) calendar days from the commencement date of insurance, the last revival date of the Policy or the last effective date of upgrading of **PRU**Prime Healthcare Plus Pro, whichever is later, for any Illnesses other than Specified Illnesses, cancer and HIV/AIDS.
- The coverage begins 90 (ninety) calendar days from the commencement date of insurance, the last revival date of the Policy or the last effective date of upgrading of **PRU**Prime Healthcare Plus Pro, whichever is later, for cancer. Any symptoms of cancer occurred within 90 days will be excluded in the future.
- The coverage begins 12 (twelve) months from the commencement date of insurance, the last revival date of the Policy or the last effective date of upgrading of **PRU**Prime Healthcare Plus Pro, whichever is later, for the following waiting periodillnesses:
  1. All types of hernias;
  2. All kinds of benign tumors or lumps or cysts;
  3. Tuberculosis;



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4. Hemorrhoids
5. Diseases of the tonsils or adenoids which require surgery;
6. Abnormal condition of the nasal cavity, nasal septum or nasal shells (turbinates), including sinus;
7. Thyroid disease (thyroid);
8. Hysterectomy (with or without Salpingo-Oophorectomy);
9. High blood pressure;
10. Heart disease and blood vessel (cardiovascular);
11. Fistula in anus;
12. Stones in the bile duct system;
13. Kidney stones, urinary tract or bladder;
14. Cataracts;
15. Ulcers of the stomach or duodenum Ulcer;
16. All types of reproductive system disorders;
17. Intervertebral protruding disc or Hernia Nucleus Pulposus (HNP)
18. Diabetes Mellitus;

- The coverage begins 12 (twelve) months from the commencement date of insurance, the last revival date of the Policy or the last effective date of upgrading of **PRU**Prime Healthcare Plus Pro, whichever is later, for HIV/AIDS and its complications due to blood transfusion/occupation.

### 3.3.3 Non-guaranteed benefits

a) No Claim Bonus (NCB)

No Claim Bonus (NCB) is an Increase in Annual Limit rewarded to the Insured who never made any claims during the Policy Year. It aims to incentivize customers to live healthy as well as to keep their policy remain active.

Annual Limit increases by 10% of the Initial Annual Limit (as shown in the table of benefits of **PRU**Prime Healthcare Plus Pro) at the end of every Policy year, provided long as:

- No claim has been made during the immediate preceding 1 Policy year including claim for Daily Cash Benefit
- Total accummulated claim during the Policy lifetime is ≤ 10% of Initial Annual Limit (as shown in the table of benefits of **PRU**Prime Healthcare Plus)
- No lapsed experience within 1 Policy year

The maximum accumulated NCB is 50% of the Initial Annual Limit of the current plan (as shown in the table of benefits of **PRU**Prime Healthcare Plus Pro) until the end of the Policy term.

The cut off for NCB calculation is based on the claim submission.

The business rules of NCB:

- **For upgrading of Plan Type within higher plans (Bronze A-Diamond), within lower plans (Cermat 1-3), from lower plans (Cermat 1-3) to higher plans (Bronze A-Diamond), from PPH to PPH+ Pro with upgrade plans, or from PPH+ to PPH+ Pro with upgrade plans**
  - Current Year Annual Limit: proportional annual limit of old and new plan for alteration in monthiversary
  - Next Year Annual Limit: new plan annual limit
  - NCB at the time of upgrade: IDR absolute amount of accumulated NCB will be carried over to the upgraded plan (if any)
  - Next Year NCB: 10% of Current Year Annual Limit (proportional annual limit of old and new plan for alteration in monthiversary)

- **For downgrading of Plan Type within higher plans (Bronze A-Diamond), within lower plans (Cermat 1-3), or from higher plans (Bronze A-Diamond) to lower plans (Cermat 1-3), from PPH to PPH+ Pro with same or lower plans, or from PPH+ to PPH+ Pro with same or lower plans**



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- Current Year Annual Limit: proportional annual limit of old and new plans for alteration in monthiversary
- Next Year Annual Limit: initial annual limit of the new plan
- NCB at the time of downgrade: Accumulated % NCB of initial annual limit of the new plan (lower limit) will be carried over to the downgraded plan (if any)
- Next Year NCB: 10% of initial annual limit of the new plan (lower limit)

**Upgrade and downgrade can refer to conversion matrix in Section 4.3.**

**Below are the sample cases of NCB for upgrading/downgrading of plan type:**

## Example 1 – Upgrading of Plan Type in Policy Year 1 (within Higher Plans)

- **June 2022**
  **Bronze A, annual limit IDR 3,000,000,000**

- **September 2022**
  **Upgrade of the Plan Type from Bronze A to Bronze B**
  Rider anniversary : June 2023
  Upgrade date : September 2022
  Annual Limit of old plan : Bronze A, annual limit IDR 3,000,000,000
  Annual Limit of new plan : Bronze B, annual limit IDR 4,000,000,000

  Proportional annual limit for alteration in monthiversary
  = *((a/12) * annual limit of old plan) + ((b/12) * annual limit of new plan)*
  = ((3/12) * IDR 3,000,000,000) + ((9/12) * IDR 4,000,000,000)
  = IDR 3,750,000,000

- **June 2023**
  *No claim, eligible for NCB of 10%*
  Proportional NCB (June 2022 – June 2023)
  = 10% * *Proportional annual limit for alteration in monthiversary*
  = 10%* IDR 3,750,000,000
  = IDR 375,000,000

## Example 2 – Downgrading of Plan Type in Policy Year 1 (within Higher Plans)

- **June 2022**
  **Bronze B, annual limit IDR 4,000,000,000**

- **September 2022**
  **Downgrade of the Plan Type from Bronze B to Bronze A**
  Rider anniversary : June 2023
  Downgrade date : September 2022
  Annual Limit of old plan : Bronze B, annual limit IDR 4,000,000,000
  Annual Limit of new plan : Bronze A, annual limit IDR 3,000,000,000

  Proportional annual limit for alteration in monthiversary
  = *((a/12) * annual limit of old plan) + ((b/12) * annual limit of new plan)*
  = ((3/12) * IDR 4,000,000,000) + ((9/12) * IDR 3,000,000,000)
  = IDR 3,250,000,000

- **June 2023**
  *No claim, eligible for NCB of 10%*
  NCB (June 2022 – June 2023) = 10% * initial annual limit of new plan
  = 10% * 3,000,000,000
  = IDR 300,000,000



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## Example 3 – Upgrading of Plan Type in Policy Year 2 (within Higher Plans)

- **June 2022**
  **Bronze A, annual limit IDR 3,000,000,000**

- **June 2023**
  *No claim, eligible for NCB of 10%*
  NCB (June 2022 – June 2023) = 10% * initial annual limit of
  = 10% * 3,000,000,000
  = IDR 300,000,000

  Total Annual Limit = IDR 3,000,000,000 + IDR 300,000,000 = IDR 3,300,000,000

- **September 2023**
  **Upgrade of the Plan Type from Bronze A to Bronze B**
  Rider anniversary : June 2024
  Upgrade date : September 2023
  Annual Limit of old plan : Bronze A, annual limit IDR 3,000,000,000
  Annual Limit of new plan : Bronze B, annual limit IDR 4,000,000,000

  Proportional annual limit for alteration in monthiversary
  = *((a/12) * annual limit of old plan) + ((b/12) * annual limit of new plan)*
  = ((3/12) * IDR 3,000,000,000) + ((9/12) * IDR 4,000,000,000)
  = IDR 3,750,000,000

  NCB (June 2022 – June 2023) = IDR 300,000,000
  → **carried over the full IDR amount of accumulated NCB**

  Total Annual Limit = IDR 3,750,000,000 + IDR 300,000,000 = IDR 4,100,000,000

- **June 2024**
  *No claim, eligible for NCB of 10%*
  Proportional NCB (June 2023 – June 2024)
  = 10% * *Proportional annual limit for alteration in monthiversary*
  = 10% * IDR 3,750,000,000
  = IDR 375,000,000

  **NCB (June 2022 – June 2023) = IDR 375,000,000**

  Total Annual Limit
  = *Initial annual limit of new plan + Carried Over NCB (June 2022-June 2023) + Proportional NCB (June 2023-June 2024)*
  = IDR 4,000,000,000 + IDR 300,000,000 + IDR 375,000,000
  = IDR 4,675,000,000

- **June 2025**
  *No claim, eligible for NCB of 10%*
  NCB (June 2024 – June 2025) = 10% * initial annual limit of new plan
  = 10% * IDR 4,000,000,000
  = IDR 400,000,000

  NCB (June 2023 – June 2024) = IDR 375,000,000

  NCB (June 2022 – June 2023) = IDR 300,000,000

  Accumulated Carried Over NCB (June 2022-June 2024)
  = *NCB (June 2022 – June 2023) + NCB (June 2023 – June 2024)*
  = IDR 300,000,000 + IDR 375,000,000
  = IDR 675,000,000

  Total Annual Limit



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= *Initial annual limit of new plan + Accumulated Carried over NCB (June 2022-June 2024) + NCB (June 2024-June 2025)*
= IDR 4,000,000,000 + IDR 675,000,000 + IDR 400,000,000
= IDR 5,075,000,000

## Example 4 – Downgrading of Plan Type in Policy Year 2 (within Higher Plans)

- **June 2022**
  Bronze B, annual limit IDR 4,000,000,000

- **June 2023**
  *No claim, eligible for NCB of 10%*
  NCB (June 2022 – June 2023) = 10% * initial annual limit
  = 10% * IDR 4,000,000,000
  = IDR 400,000,000

  Total Annual Limit = IDR 4,000,000,000 + IDR 400,000,000 = IDR 4,400,000,000

- **September 2023**
  **Downgrade of the Plan Type from Bronze B to Bronze A**
  Rider anniversary : June 2024
  Downgrade date : September 2023
  Annual Limit of old plan : Bronze B, annual limit IDR 4,000,000,000
  Annual Limit of new plan : Bronze A, annual limit IDR 3,000,000,000

  Proportional annual limit for alteration in monthiversary
  = *((a/12) * annual limit of old plan) + ((b/12) * annual limit of new plan)*
  = ((3/12) * IDR 4,000,000,000) + ((9/12) * IDR 3,000,000,000)
  = IDR 3,250,000,000

  NCB (June 2022 – June 2023) = 10% * initial annual limit of new plan
  = 10% * IDR 3,000,000,000
  = IDR 300,000,000
  → **carried over the percentage of accumulated NCB**

  Total Annual Limit = IDR 3,250,000,000 + IDR 300,000,000 = IDR 3,550,000,000

- **June 2024**
  *No claim, eligible for NCB of 10%*
  NCB (June 2023 – June 2024) = 10% * initial annual limit of new plan
  = 10% * IDR 3,000,000,000
  = IDR 300,000,000

  NCB (June 2022 – June 2023) = IDR 300,000,000

  Total Annual Limit
  = *Initial annual limit of new plan + Carried over NCB (June 2019-June 2020) + NCB (June 2020-June 2021)*
  = IDR 3,000,000,000 + IDR 300,000,000 + IDR 300,000,000
  = IDR 3,600,000,000

- **June 2025**
  *No claim, eligible for NCB of 10%*
  NCB (June 2024 – June 2025) = 10% * initial annual limit of new plan
  = 10% * IDR 3,000,000,000
  = IDR 300,000,000

  NCB (June 2023 – June 2024) = IDR 300,000,000

  NCB (June 2022 – June 2023) = IDR 300,000,000



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Accumulated Carried Over NCB (June 2022-June 2024)
*= NCB (June 2022 – June 2023) + NCB (June 2023 – June 2024)*
= IDR 300,000,000 + IDR 300,000,000
= IDR 600,000,000

Total Annual Limit
= *Initial annual limit of new plan + Accumulated Carried Over NCB (June 2022-June 2024) + NCB (June 2024-June 2025)*
= IDR 3,000,000,0000 + IDR 600,000,000 + IDR 300,000,000
= IDR 3,900,000,000

## Example 5 – Upgrading of Plan Type in Policy Year 1 (within Lower Plans)

- **November 2022**
  **Cermat 1, annual limit IDR 400,000,000**

- **February 2023**
  **Upgrade of the Plan Type from Cermat 1 to Cermat 2**
  Rider anniversary : November 2023
  Upgrade date : February 2023
  Annual Limit of old plan : Cermat 1, annual limit IDR 400,000,000
  Annual Limit of new plan : Cermat 2, annual limit IDR 700,000,000

  Proportional annual limit for alteration in monthiversary
  *= ((a/12) * annual limit of old plan) + ((b/12) * annual limit of new plan)*
  = ((3/12) * IDR 400,000,000) + ((9/12) * IDR 700,000,000)
  = IDR 625,000,000

- **November 2023**
  *No claim, eligible for NCB of 10%*
  Proportional NCB (Nov 2022 – Nov 2023)
  = 10% * *Proportional annual limit for alteration in monthiversary*
  = 10%* IDR 625,000,000
  = IDR 62,500,000

## Example 6 – Downgrading of Plan Type in Policy Year 1 (within Lower Plans)

- **November 2022**
  **Cermat 2, annual limit IDR 700,000,000**

- **February 2023**
  **Downgrade of the Plan Type from Cermat 2 to Cermat 1**
  Rider anniversary : November 2023
  Downgrade date : February 2023
  Annual Limit of old plan : Cermat 2, annual limit IDR 700,000,000
  Annual Limit of new plan : Cermat 1, annual limit IDR 400,000,000

  Proportional annual limit for alteration in monthiversary
  *= ((a/12) * annual limit of old plan) + ((b/12) * annual limit of new plan)*
  = ((3/12) * IDR 700,000,000) + ((9/12) * IDR 400,000,000)
  = IDR 475,000,000

- **November 2023**
  *No claim, eligible for NCB of 10%*
  NCB (Nov 2022 – Nov 2023) = 10% * initial annual limit of new plan
  = 10% * 400,000,000
  = IDR 40,000,000



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## Example 7 – Upgrading of Plan Type in Policy Year 2 (within Lower Plans)

- **November 2022**
  **Cermat 1, annual limit IDR 400,000,000**

- **November 2023**
  *No claim, eligible for NCB of 10%*
  NCB (Nov 2022 – Nov 2023) = 10% * initial annual limit of
  = 10% * 400,000,000
  = IDR 40,000,000

  Total Annual Limit = IDR 400,000,000 + IDR 40,000,000 = IDR 440,000,000

- **February 2024**
  **Upgrade of the Plan Type from Cermat 1 to Cermat 2**
  Rider anniversary : November 2024
  Upgrade date : February 2024
  Annual Limit of old plan : Cermat 1, annual limit IDR 400,000,000
  Annual Limit of new plan : Cermat 2, annual limit IDR 700,000,000

  Proportional annual limit for alteration in monthiversary
  = *((a/12) * annual limit of old plan) + ((b/12) * annual limit of new plan)*
  = ((3/12) * IDR 400,000,000) + ((9/12) * IDR 700,000,000)
  = IDR 625,000,000

  NCB (Nov 2022 – Nov 2023) = IDR 40,000,000
  → **carried over the full IDR amount of accumulated NCB**

  Total Annual Limit = IDR 625,000,000 + IDR 40,000,000 = IDR 665,000,000

- **November 2024**
  *No claim, eligible for NCB of 10%*
  Proportional NCB (Nov 2023 – Nov 2024)
  = 10% * *Proportional annual limit for alteration in monthiversary*
  = 10% * IDR 625,000,000
  = IDR 62,500,000

  **NCB (Nov 2020 – Nov 2021) = IDR 40,000,000**

  Total Annual Limit
  = *Initial annual limit of new plan + Carried Over NCB (Nov 2022-Nov 2023) + Proportional NCB (Nov 2023-Nov 2024)*
  = IDR 700,000,000 + IDR 40,000,000 + IDR 62,500,000
  = IDR 802,500,000

- **November 2025**
  *No claim, eligible for NCB of 10%*
  NCB (Nov 2024 – Nov 2025) = 10% * initial annual limit of new plan
  = 10% * IDR 700,000,000
  = IDR 70,000,000

  NCB (Nov 2023 – Nov 2024) = IDR 62,500,000

  NCB (Nov 2022 – Nov 2023) = IDR 40,000,000

  Accumulated Carried Over NCB (Nov 2022-Nov 2024)
  = *NCB (Nov 2022 – Nov 2023) + NCB (Nov 2023 – Nov 2024)*
  = IDR 40,000,000 + IDR 62,500,000
  = IDR 102,500,000

  Total Annual Limit



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= *Initial annual limit of new plan + Accumulated Carried over NCB (Nov 2022-Nov 2024) + NCB (Nov 2024-Nov 2025)*
= IDR 700,000,0000 + IDR 102,500,000 + IDR 70,000,000
= IDR 872,500,000

## Example 8 – Downgrading of Plan Type in Policy Year 2 (within Lower Plans)

- **November 2022**
  Cermat 2, annual limit IDR 700,000,000

- **November 2023**
  *No claim, eligible for NCB of 10%*
  NCB (Nov 2022 – Nov 2023) = 10% * initial annual limit
  = 10% * IDR 700,000,000
  = IDR 70,000,000

  Total Annual Limit = IDR 700,000,000 + IDR 70,000,000 = IDR 770,000,000

- **February 2024**
  **Downgrade of the Plan Type from Cermat 2 to Cermat 1**
  Rider anniversary : November 2024
  Downgrade date : February 2024
  Annual Limit of old plan : Cermat 2, annual limit IDR 700,000,000
  Annual Limit of new plan : Cermat 1, annual limit IDR 400,000,000

  Proportional annual limit for alteration in monthiversary
  = *((a/12) * annual limit of old plan) + ((b/12) * annual limit of new plan)*
  = ((3/12) * IDR 700,000,000) + ((9/12) * IDR 400,000,000)
  = IDR 475,000,000

  NCB (Nov 2022 – Nov 2023) = 10% * initial annual limit of new plan
  = 10% * IDR 400,000,000
  = IDR 40,000,000
  → **carried over the percentage of accumulated NCB**

  Total Annual Limit = IDR 475,000,000 + IDR 40,000,000 = IDR 515,000,000

- **November 2024**
  *No claim, eligible for NCB of 10%*
  NCB (Nov 2023 – Nov 2024) = 10% * initial annual limit of new plan
  = 10% * IDR 400,000,000
  = IDR 40,000,000

  NCB (Nov 2022 – Nov 2023) = IDR 40,000,000

  Total Annual Limit
  = *Initial annual limit of new plan + Carried over NCB (Nov 2022-Nov 2023) + NCB (Nov 2023-Nov 2024)*
  = IDR 400,000,000 + IDR 40,000,000 + IDR 40,000,000
  = IDR 480,000,000

- **November 2025**
  *No claim, eligible for NCB of 10%*
  NCB (Nov 2024 – Nov 2025) = 10% * initial annual limit of new plan
  = 10% * IDR 400,000,000
  = IDR 40,000,000

  NCB (Nov 2023 – Nov 2024) = IDR 40,000,000

  NCB (Nov 2022 – Nov 2023) = IDR 40,000,000



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Accumulated Carried Over NCB (Nov 2022-Nov 2024)
= *NCB (Nov 2022 – Nov 2023) + NCB (Nov 2023 – Nov 2024)*
= IDR 40,000,000 + IDR 40,000,000
= IDR 80,000,000

Total Annual Limit
= *Initial annual limit of new plan + Accumulated Carried Over NCB (Nov 2022-Nov 2024) + NCB (Nov 2024-Nov 2025)*
= IDR 300,000,0000 + IDR 80,000,000 + IDR 40,000,000
= IDR 420,000,000

## Example 9 – Upgrading of Plan Type in Policy Year 1 from lower plans (Cermat 1-3) to higher plans (Bronze A-Diamond)

- **November 2022**
  **Cermat 1, annual limit IDR 400,000,000**

- **February 2023**
  **Upgrade of the Plan Type from Cermat 1 to Bronze A**
  Rider anniversary : November 2023
  Upgrade date : February 2023
  Annual Limit of old plan : Cermat 1, annual limit IDR 400,000,000
  Annual Limit of new plan : Bronze A, annual limit IDR 3,000,000,000

  Proportional annual limit for alteration in monthiversary
  = *((a/12) * annual limit of old plan) + ((b/12) * annual limit of new plan)*
  = ((3/12) * IDR 400,000,000) + ((9/12) * IDR 3,000,000,000)
  = IDR 2,350,000,000

- **November 2023**
  *No claim, eligible for NCB of 10%*
  Proportional NCB (Nov 2022 – Nov 2023)
  = 10% * *Proportional annual limit for alteration in monthiversary*
  = 10%* IDR 2,350,000,000
  = IDR 235,000,000

## Example 10 – Downgrading of Plan Type in Policy Year 1 from higher plans (Bronze A-Diamond) to lower plans (Cermat 1-3)

- **November 2022**
  **Bronze A, annual limit IDR 3,000,000,000**

- **February 2023**
  **Downgrade of the Plan Type from Bronze A to Cermat 1**
  Rider anniversary : November 2023
  Downgrade date : February 2023
  Annual Limit of old plan : Bronze A, annual limit IDR 3,000,000,000
  Annual Limit of new plan : Cermat 1, annual limit IDR 400,000,000

  Proportional annual limit for alteration in monthiversary
  = *((a/12) * annual limit of old plan) + ((b/12) * annual limit of new plan)*
  = ((3/12) * IDR 3,000,000,000) + ((9/12) * IDR 400,000,000)
  = IDR 1,050,000,000

- **November 2023**
  *No claim, eligible for NCB of 10%*
  NCB (Nov 2022 – Nov 2023) = 10% * initial annual limit of new plan
  = 10% * 400,000,000



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= IDR 40,000,000

## Example 11 – Upgrading of Plan Type in Policy Year 2 from lower plans (Cermat 1-3) to higher plans (Bronze A-Diamond)

- **November 2022**
  **Cermat 1, annual limit IDR 400,000,000**

- **November 2023**
  *No claim, eligible for NCB of 10%*
  NCB (Nov 2022 – Nov 2023) = 10% * initial annual limit of new plan
  = 10% * 400,000,000
  = IDR 40,000,000

  Total Annual Limit = IDR 400,000,000 + IDR 40,000,000 = IDR 440,000,000

- **February 2024**
  **Upgrade of the Plan Type from Cermat 1 to Bronze A**
  Rider anniversary : November 2024
  Upgrade date : February 2024
  Annual Limit of old plan : Cermat 1, annual limit IDR 400,000,000
  Annual Limit of new plan : Bronze A, annual limit IDR 3,000,000,000

  Proportional annual limit for alteration in monthiversary
  = *((a/12) * annual limit of old plan) + ((b/12) * annual limit of new plan)*
  = ((3/12) * IDR 400,000,000) + ((9/12) * IDR 3,000,000,000)
  = IDR 2,350,000,000

  NCB (Nov 2022 – Nov 2023) = IDR 40,000,000
  → **carried over the full IDR amount of accumulated NCB**

  Total Annual Limit = IDR 2,350,000,000 + IDR 40,000,000 = IDR 2,390,000,000

- **November 2024**
  *No claim, eligible for NCB of 10%*
  Proportional NCB (Nov 2023 – Nov 2024)
  = 10% * *Proportional annual limit for alteration in monthiversary*
  = 10% * IDR 2,350,000,000
  = IDR 235,000,000
  **NCB (Nov 2022 – Nov 2023) = IDR 40,000,000**

  Total Annual Limit
  = *Initial annual limit of new plan + Carried Over NCB (Nov 2022-Nov 2023) + Proportional NCB (Nov 2023-Nov 2024)*
  = IDR 4,000,000,000 + IDR 40,000,000 + IDR 235,000,000
  = IDR 4,275,000,000

- **November 2025**
  *No claim, eligible for NCB of 10%*
  NCB (Nov 2024 – Nov 2025) = 10% * initial annual limit of new plan
  = 10% * IDR 3,000,000,000
  = IDR 300,000,000

  NCB (Nov 2023 – Nov 2024) = IDR 235,000,000

  NCB (Nov 2022 – Nov 2023) = IDR 40,000,000

  Accumulated Carried Over NCB (Nov 2022-Nov 2024)
  = *NCB (Nov 2022 – Nov 2023) + NCB (Nov 2023 – Nov 2024)*
  = IDR 40,000,000 + IDR 235,000,000



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= IDR 275,000,000

Total Annual Limit
= *Initial annual limit of new plan + Accumulated Carried over NCB (Nov 2022-Nov 2024) + NCB (Nov 2024-Nov 2025)*
= IDR 3,000,000,000 + IDR 275,000,000 + IDR 300,000,000
= IDR 3,575,000,000

## Example 12 – Downgrading of Plan Type in Policy Year 2 from higher plans (Bronze A-Diamond) to lower plans (Cermat 1-3)

- **November 2022**
  Bronze A, annual limit IDR 3,000,000,000

- **November 2023**
  *No claim, eligible for NCB of 10%*
  NCB (Nov 2020 – Nov 2021) = 10% * initial annual limit
  = 10% * IDR 3,000,000,000
  = IDR 300,000,000

  Total Annual Limit = IDR 3,000,000,000 + IDR 300,000,000 = IDR 3,300,000,000

- **February 2024**
  **Downgrade of the Plan Type from Bronze A to Cermat 1**
  Rider anniversary : November 2024
  Downgrade date : February 2024
  Annual Limit of old plan : Bronze A, annual limit IDR 3,000,000,000
  Annual Limit of new plan : Cermat 1, annual limit IDR 400,000,000

  Proportional annual limit for alteration in monthiversary
  = *((a/12) * annual limit of old plan) + ((b/12) * annual limit of new plan)*
  = ((3/12) * IDR 3,000,000,000) + ((9/12) * IDR 400,000,000)
  = IDR 1,050,000,000

  NCB (Nov 2022 – Nov 2023) = 10% * initial annual limit of new plan
  = 10% * IDR 400,000,000
  = IDR 40,000,000
  → **carried over the percentage of accumulated NCB**

  Total Annual Limit = IDR 1,050,000,000 + IDR 40,000,000 = IDR 1,090,000,000

- **November 2024**
  *No claim, eligible for NCB of 10%*
  NCB (Nov 2023 – Nov 2024) = 10% * initial annual limit of new plan
  = 10% * IDR 400,000,000
  = IDR 40,000,000

  NCB (Nov 2022 – Nov 2023) = IDR 40,000,000

  Total Annual Limit
  = *Initial annual limit of new plan + Carried over NCB (Nov 2022-Nov 2023) + NCB (Nov 2023-Nov 2024)*
  = IDR 400,000,000 + IDR 40,000,000 + IDR 40,000,000
  = IDR 480,000,000

- **November 2025**
  *No claim, eligible for NCB of 10%*
  NCB (Nov 2024 – Nov 2025) = 10% * initial annual limit of new plan
  = 10% * IDR 400,000,000
  = IDR 40,000,000



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NCB (Nov 2023 – Nov 2024) = IDR 40,000,000

NCB (Nov 2022 – Nov 2023) = IDR 40,000,000

Accumulated Carried Over NCB (Nov 2022-Nov 2024)
= *NCB (Nov 2022 – Nov 2023) + NCB (Nov 2023 – Nov 2024)*
= IDR 40,000,000 + IDR 40,000,000
= IDR 80,000,000

Total Annual Limit
= *Initial annual limit of new plan + Accumulated Carried Over NCB (Nov 2022-Nov 2024) + NCB (Nov 2024-Nov 2025)*
= IDR 400,000,0000 + IDR 80,000,000 + IDR 40,000,000
= IDR 520,000,000

## Example 13 – Multiple Times of Upgrading and Downgrading of Plan Type in Policy Year 1

- **November 2022**
  **Cermat 1, annual limit IDR 400,000,000**

- **February 2023**
  **Upgrade of the Plan Type from Cermat 1 to Bronze A**
  Rider anniversary : November 2023
  Upgrade date : February 2023
  Annual Limit of old plan : Cermat 1, annual limit IDR 400,000,000
  Annual Limit of new plan : Bronze A, annual limit IDR 3,000,000,000

  Proportional annual limit for alteration in monthiversary
  = *((a/12) * annual limit of old plan) + ((b/12) * annual limit of new plan)*
  = ((3/12) * IDR 400,000,000) + ((9/12) * IDR 3,000,000,000)
  = IDR 2,350,000,000

- **May 2023**
  **Downgrade of the Plan Type from Bronze A to Cermat 2**
  Rider anniversary : November 2023
  Upgrade date : May 2023
  Annual Limit of old plan 1 : Cermat 1, annual limit IDR 400,000,000
  Annual Limit of old plan 2 : Bronze A, annual limit IDR 3,000,000,000
  Annual Limit of new plan : Cermat 2, annual limit IDR 700,000,000

  Proportional annual limit for alteration in monthiversary
  = *((a/12) * annual limit of old plan 1) + ((b/12) * annual limit of old plan 2) + ((c/12) * annual limit of new plan)*
  = ((3/12) * IDR 400,000,000) + ((3/12) * IDR 3,000,000,000) + ((6/12) * IDR 700,000,000)
  = IDR 1,200,000,000

- **August 2023**
  **Upgrade of the Plan Type from Cermat 2 to Gold A**
  Rider anniversary : November 2023
  Upgrade date : August 2023
  Annual Limit of old plan 1 : Cermat 1, annual limit IDR 400,000,000
  Annual Limit of old plan 2 : Bronze A, annual limit IDR 3,000,000,000
  Annual Limit of old plan 3 : Cermat 2, annual limit IDR 700,000,000
  Annual Limit of new plan : Gold A, annual limit IDR 5,000,000,000

  Proportional annual limit for alteration in monthiversary
  = *((a/12) * annual limit of old plan 1) + ((b/12) * annual limit of old plan 2) + ((c/12) * annual limit of old plan 3) + ((d/12) * annual limit of new plan)*
  = ((3/12) * IDR 400,000,000) + ((3/12) * IDR 3,000,000,000) + ((3/12) * IDR 700,000,000) + ((3/12) * IDR 5,000,000,000)



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= IDR 2,275,000,000

- **November 2023**
  *No claim, eligible for NCB of 10%*
  Proportional NCB (Nov 2022 – Nov 2023)
  = 10% * *Proportional annual limit for alteration in monthiversary*
  = 10%* IDR 2,275,000,000
  = IDR 227,500,000

## Example 14 – Multiple Times of Upgrading and Downgrading of Plan Type every year

- **November 2022**
  **Cermat 1, annual limit IDR 400,000,000**

- **November 2023**
  *No claim, eligible for NCB of 10%*
  NCB (Nov 2022 – Nov 2023) = 10% * initial annual limit
  = 10% * IDR 400,000,000
  = IDR 40,000,000

  Total Annual Limit = IDR 400,000,000 + IDR 40,000,000 = IDR 440,000,000

- **December 2023**
  **Upgrade of the Plan Type from Cermat 1 to Bronze A**
  Rider anniversary : November 2024
  Upgrade date : December 2023
  Annual Limit of old plan : Cermat 1, annual limit IDR 400,000,000
  Annual Limit of new plan : Bronze A, annual limit IDR 3,000,000,000

  Proportional annual limit for alteration in monthiversary
  = *((a/12) * annual limit of old plan) + ((b/12) * annual limit of new plan)*
  = ((1/12) * IDR 400,000,000) + ((11/12) * IDR 3,000,000,000)
  = IDR 2,783,000,000

  NCB (Nov 2022 – Nov 2023) = IDR 40,000,000
  → **carried over the full IDR amount of accumulated NCB**

  Total Annual Limit = IDR 2,783,000,000 + IDR 40,000,000 = IDR 2,823,000,000

- **November 2024**
  *No claim, eligible for NCB of 10%*
  Proportional NCB (June 2023 – June 2024)
  = 10% * *Proportional annual limit for alteration in monthiversary*
  = 10% * IDR 2,783,000,000
  = IDR 278,300,000

  **NCB (Nov 2022 – Nov 2023) = IDR 40,000,000**

  Total Annual Limit
  = *Initial annual limit of new plan + Carried Over NCB (June 2022-June 2023) + Proportional NCB (June 2023-June 2024)*
  = IDR 3,000,000,000 + IDR 40,000,000 + IDR 278,300,000
  = IDR 3,3118,300,000

- **December 2024**
  **Downgrade of the Plan Type from Bronze A to Cermat 2**
  Rider anniversary : November 2025
  Upgrade date : December 2024
  Annual Limit of old plan : Bronze A, annual limit IDR 3,000,000,000
  Annual Limit of new plan : Cermat 2, annual limit IDR 700,000,000



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Proportional annual limit for alteration in monthiversary
= *((a/12) * annual limit of old plan) + ((b/12) * annual limit of new plan)*
= ((1/12) * IDR 3,000,000,000) + ((11/12) * IDR 700,000,000)
= IDR 892,000,000

NCB (Nov 2022 – Nov 2024) = 20% * initial annual limit of new plan
= 20% * IDR 700,000,000
= IDR 140,000,000
→ **carried over the percentage of accumulated NCB**

Total Annual Limit = IDR 892,000,000 + IDR 140,000,000 = IDR 1,032,000,000

- **November 2025**
*No claim, eligible for NCB of 10%*
NCB (Nov 2024 – Nov 2025)
= 10% * *initial annual limit of new plan*
= 10%* IDR 700,000,000
= IDR 70,000,000

**NCB (Nov 2022 – Nov 2024) = IDR 140,000,000**

Total Annual Limit
= *Initial annual limit of new plan + Carried Over NCB (June 2022-June 2024) + NCB (Nov 2024 - Nov 2025)*
= IDR 700,000,000 + IDR 140,000,000 + IDR 70,000,000
= IDR 840,000,000

## Example 15 – Upgrading of Plan Type in Policy Year 2 and which has 1 claim and using the NCB

- **June 2022**
**Bronze A, annual limit IDR 3,000,000,000**

- **June 2023**
*No claim, eligible for NCB of 10%*
NCB (June 2022 – June 2023) = 10% * initial annual limit of new plan
= 10% * IDR 3,000,000,000
= IDR 300,000,000

Total Annual Limit = IDR 3,000,000,000 + IDR 300,000,000 = IDR 3,300,000,000

- **October 2023**
*Claim IDR 3,050,000,000*
Annual Limit = IDR 3,000,000,000 – IDR 3,000,000,000
= IDR 0
No Claim Bonus = IDR 300,000,000 – IDR 50,000,000
= IDR 250,000,000

- **June 2024**
*Claim incurred in Oct 2023, not eligible for NCB of 10%*
Annual Limit = IDR 3,000,000,000
NCB (June 2022 - June 2023) = IDR 250,000,000

Total Annual Limit = IDR 3,000,000,000 + IDR 250,000,000 = IDR 3,250,000,000

- **July 2024**
**Upgrade of the Plan Type from Bronze A to Bronze B**
Rider anniversary : June 2025
Upgrade date : July 2024
Annual Limit of old plan : Bronze A, annual limit IDR 3,000,000,000



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Annual Limit of new plan : Bronze B, annual limit IDR 4,000,000,000

Proportional annual limit for alteration in monthiversary
= *((a/12) * annual limit of old plan) + ((b/12) * annual limit of new plan)*
= ((1/12) * IDR 3,000,000,000) + ((11/12) * IDR 4,000,000,000)
= IDR 3,916,666,666

NCB (June 2022 – June 2023) = IDR 250,000,000
→ **carried over the full IDR amount of accumulated NCB**

Total Annual Limit = IDR 3,916,666,666 + IDR 250,000,000 = IDR 4,166,666,666

## Example 16 – Downgrading of Plan Type in Policy Year 2 and which has 1 claim and using the NCB

- **June 2022**
  **Bronze B, annual limit IDR 4,000,000,000**

- **June 2023**
  *No claim, eligible for NCB of 10%*
  NCB (June 2022 – June 2023) = 10% * initial annual limit of new plan
  = 10% * IDR 4,000,000,000
  = IDR 400,000,000

  Total Annual Limit = IDR 4,000,000,000 + IDR 400,000,000 = IDR 4,400,000,000

- **October 2023**
  *Claim IDR 4,050,000,000*
  Annual Limit = IDR 4,000,000,000 – IDR 4,000,000,000
  = IDR 0
  No Claim Bonus = IDR 400,000,000 – IDR 50,000,000
  = IDR 350,000,000

- **June 2024**
  *Claim incurred in Oct 2023, not eligible for NCB of 10%*
  Annual Limit = IDR 4,000,000,000
  NCB (June 2022 - June 2023) = IDR 350,000,000

  Total Annual Limit = IDR 4,000,000,000 + IDR 350,000,000 = IDR 4,350,000,000

- **July 2024**
  **Downgrade of the Plan Type from Bronze B to Bronze A**
  Rider anniversary : June 2025
  Upgrade date : July 2024
  Annual Limit of old plan : Bronze B, annual limit IDR 4,000,000,000
  Annual Limit of new plan : Bronze A, annual limit IDR 3,000,000,000

  Proportional annual limit for alteration in monthiversary
  = *((a/12) * annual limit of old plan) + ((b/12) * annual limit of new plan)*
  = ((1/12) * IDR 4,000,000,000) + ((11/12) * IDR 3,000,000,000)
  = IDR 3,083,333,333

  NCB (June 2022 – June 2023) = (10% * initial annual limit of new plan) – amount of NCB used when claim incurred
  = (10% * IDR 3,000,000,000) – 50,000,000
  = IDR 250,000,000
  → **carried over the percentage of accumulated NCB and less amount of NCB used when claim incurred**

  Total Annual Limit = IDR 3,083,333,333 + IDR 250,000,000 = IDR 3,333,333,333



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**Below are the sample cases of NCB for Across Product:**

## Example 17 – Conversion from PPH+ Plan Bronze A to PPH+ Pro Plan Bronze B in Year 1 (FUW)

- **June 2022**
  **PPH+ Plan Bronze A, annual limit IDR 2,000,000,000**

- **June 2023**
  *No claim, eligible for NCB of 10%*
  NCB (June 2022 – June 2023) = 10% * initial annual limit of
  = 10% * 2,000,000,000
  = IDR 200,000,000

  Total Annual Limit = IDR 2,000,000,000 + IDR 200,000,000 = IDR 2,200,000,000

- **September 2024**
  **Conversion to PPH+ Pro Plan Bronze B**
  New Rider anniversary : September 2024
  Annual Limit of old rider : PPH+ plan Bronze A, annual limit IDR 2,000,000,000
  Annual Limit of new rider : PPH+ Pro plan Bronze B, annual limit IDR 4,000,000,000

  Annual limit for conversion in monthiversary
  = *Reset to Annual Limit of new rider*
  = IDR 4,000,000,000

  NCB (June 2022 – June 2023) = IDR 200,000,000
  → **carried over the full IDR amount of accumulated NCB**

  Total Annual Limit
  = *Initial annual limit of new rider + Carried Over NCB (June 2022-June 2023)*
  = IDR 4,000,000,000 + IDR 200,000,000 = **IDR 4,200,000,000**

- **September 2024**
  *No claim, eligible for NCB of 10%*
  NCB (September 2023 – September 2024)
  = 10% * *Annual Limit of new rider*
  = 10% * IDR 4,000,000,000
  = IDR 400,000,000

  NCB (June 2022 – June 2023) = IDR 200,000,000

  Total Annual Limit
  = *Initial annual limit of new rider + Carried Over NCB (June 2022-June 2023) + NCB (Sept 2023- Sept 2024)*
  = IDR 4,000,000,000 + IDR 200,000,000 + IDR 400,000,000
  = IDR 4,600,000,000

## Example 18 – Conversion from PPH+ Plan Gold A to PPH+ Pro Plan Silver A in Year 1 (GIO)

- **June 2022**
  **PPH+ Plan Gold A, annual limit IDR 4,000,000,000**

- **June 2023**
  *No claim, eligible for NCB of 10%*
  NCB (June 2022 – June 2023) = 10% * initial annual limit
  = 10% * 4,000,000,000
  = IDR 400,000,000



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Total Annual Limit = IDR 4,000,000,000 + IDR 400,000,000 = IDR 4,400,000,000

- **September 2023**
  **Conversion to PPH+ Pro Plan Silver A**
  New Rider anniversary : September 2023
  Annual Limit of old rider : PPH+ plan Gold A, annual limit IDR 4,000,000,000
  Annual Limit of new rider : PPH+ Pro plan Silver A, annual limit IDR 3,000,000,000

  Annual limit for alteration in monthiversary
  = *Reset to Annual Limit of new rider*
  = IDR 3,000,000,000

  NCB (June 2022 – June 2023) = 10% * IDR 3,000,000,000
  = IDR 300,000,000
  → **carried over the percentage of old rider**

  Total Annual Limit
  = *Initial annual limit of new rider + Carried Over NCB (June 2022-June 2023)*
  = IDR 3,000,000,000 + IDR 300,000,000 = **IDR 3,300,000,000**

- **September 2024**
  *No claim, eligible for NCB of 10%*
  NCB (September 2023 – September 2024)
  = 10% * *annual limit of new rider*
  = 10% * IDR 3,000,000,000
  = IDR 300,000,000

  NCB (June 2022 – June 2023) = IDR 300,000,000

  Total Annual Limit
  = *Initial annual limit of new rider + Carried Over NCB (June 2022-June 2023) + NCB (September 2023-September 2024)*
  = IDR 3,000,000,000 + IDR 300,000,000 + IDR 300,000,000
  = IDR 3,600,000,000

## Example 19 – Conversion from PPH+ Plan Bronze A to PPH+ Pro Plan Bronze B in Year 2 (FUW)

- **June 2022**
  **PPH+ Plan Bronze A, annual limit IDR 2,000,000,000**

- **June 2023**
  *No claim, eligible for NCB of 10%*
  NCB (June 2022 – June 2023) = 10% * initial annual limit
  = 10% * 2,000,000,000
  = IDR 200,000,000

  Total Annual Limit = IDR 2,000,000,000 + IDR 200,000,000 = IDR 2,200,000,000

- **June 2024**
  *No claim, eligible for NCB of 10%*
  NCB (June 2023 – June 2024) = 10% * initial annual limit
  = 10% * 2,000,000,000
  = IDR 200,000,000

  NCB (June 2022 – June 2023) = IDR 200,000,000

  Total Annual Limit
  = *Initial annual limit of new rider + Carried Over NCB (June 2022-June 2023) + NCB (June 2023-June 2024)*
  = IDR 2,000,000,000 + IDR 200,000,000 + IDR 200,000,000



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= IDR 2,400,000,000

- **September 2024**
  **Conversion to PPH+ Pro Plan Bronze B**
  New Rider anniversary : September 2024
  Annual Limit of old rider : PPH+ plan Bronze A, annual limit IDR 2,000,000,000
  Annual Limit of new rider : PPH+ Pro plan Bronze B, annual limit IDR 4,000,000,000

  Annual limit for alteration in monthiversary
  = *Reset to Annual Limit of new rider*
  = IDR 4,000,000,000

  NCB (June 2022 – June 2023) = IDR 200,000,000
  NCB (June 2023 – June 2024) = IDR 200,000,000

  Accumulated Carried Over NCB (Jun 2022 – Jun 2024)
  = *NCB (June 2022 – June 2023) + NCB (June 2023 – June 2024)*
  = IDR 200,000,000 + IDR 200,000,000
  = IDR 400,000,000
  → **carried over the full IDR amount of accumulated NCB**

  Total Annual Limit
  = *Initial annual limit of new rider + Accumulated Carried Over NCB (June 2022-June 2024)*
  = IDR 4,000,000,000 + IDR 400,000,000 = **IDR 4,400,000,000**

- **September 2025**
  *No claim, eligible for NCB of 10%*
  NCB (September 2024 – September 2025)
  = 10% * *annual limit of new rider*
  = 10% * IDR 4,000,000,000
  = IDR 400,000,000

  Accumulated Carried Over NCB (June 2022 – June 2024) = IDR 400,000,000

  Total Annual Limit
  = *Initial annual limit of new rider + Accumulated Carried Over NCB (June 2022-June 2024) + NCB (September 2024-September 2025)*
  = IDR 4,000,000,000 + IDR 400,000,000 + IDR 400,000,000
  = IDR 4,800,000,000

## Example 20 – Conversion from PPH+ Plan Gold A to PPH+ Pro Plan Silver A in Year 2 (GIO)

- **June 2022**
  **PPH+ Plan Gold A, annual limit IDR 4,000,000,000**

- **June 2023**
  *No claim, eligible for NCB of 10%*
  NCB (June 2022 – June 2023) = 10% * initial annual limit
  = 10% * 4,000,000,000
  = IDR 400,000,000

  Total Annual Limit = IDR 4,000,000,000 + IDR 400,000,000 = IDR 4,400,000,000

- **June 2024**
  *No claim, eligible for NCB of 10%*
  NCB (June 2023 – June 2024) = 10% * initial annual limit
  = 10% * 4,000,000,000
  = IDR 400,000,000

  Carried Over NCB (June 2022 – June 2023) = IDR 400,000,000



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Total Annual Limit = *Initial annual limit of new plan + Carried Over NCB (June 2022-June 2023) + NCB (June 2023-June 2024)*
= IDR 4,000,000,000 + IDR 400,000,000 + IDR 400,000,000
= IDR 4,800,000,000

- **September 2024**
  **Conversion to PPH+ Pro Plan Silver A**
  New Rider anniversary : September 2024
  Annual Limit of old rider : PPH+ plan Gold A, annual limit IDR 4,000,000,000
  Annual Limit of new rider : PPH+ Pro plan Silver A, annual limit IDR 3,000,000,000

  Annual limit for alteration in monthiversary
  = *Reset to Annual Limit of new rider*
  = IDR 3,000,000,000

  NCB (June 2022 – June 2023) = 10% * IDR 3,000,000,000 = IDR 300,000,000

  NCB (June 2023 – June 2024) = 10% * IDR 3,000,000,000 = IDR 300,000,000

  Accumulated Carried Over NCB (Jun 2022 – Jun 2024)
  = *NCB (June 2022 – June 2023) + NCB (June 2023 – June 2024)*
  = IDR 300,000,000 + IDR 300,000,000
  = IDR 600,000,000
  → **carried over the percentage of old rider**

  Total Annual Limit
  = *Initial annual limit of new rider + Accumulated Carried Over NCB (June 2022 – June 2024)*
  = IDR 3,000,000,000 + IDR 600,000,000 = **IDR 3,600,000,000**

- **September 2025**
  *No claim, eligible for NCB of 10%*
  Proportional NCB (September 2024 – September 2025)
  = 10% * *annual limit of new rider*
  = 10% * IDR 3,000,000,000
  = IDR 300,000,000

  Accumulated Carried Over NCB (June 2022 – June 2024) = IDR 600,000,000

  Total Annual Limit
  = *Initial annual limit of new rider + Accumulated Carried Over NCB (June 2022-June 2024) + NCB (September 2024-September 2025)*
  = IDR 3,000,000,000 + IDR 600,000,000 + IDR 300,000,000
  = IDR 3,900,000,000

## Example 21 – Conversion from PPH+ Plan Bronze A to PPH+ Pro Bronze B in Year 1 (FUW)

- **June 2022**
  **Bronze A, annual limit IDR 2,000,000,000**

- **October 2022**
  *Claim IDR 500,000,000*
  Total Annual Limit = IDR 2,000,000,000 – IDR 500,000,000 = IDR 1,500,000,000

- **December 2022**
  **Upgrade of the Plan Type from Bronze A to Bronze B**
  New Rider anniversary : December 2022
  Annual Limit of old plan : Bronze A, annual limit IDR 2,000,000,000
  Annual Limit of new plan : Bronze B, annual limit IDR 4,000,000,000

  Reset to Annual Limit New Plan PPH+



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= IDR 4,000,000,000

- **December 2023**
  *No NCB, claim incurred in year 1*
  NCB (June 2022 – June 2023) = IDR 0

  Total Annual Limit
  = *Initial annual limit of new plan*
  = IDR 4,000,000,000

- **December 2024**
  *No claim, eligible for NCB of 10%*
  NCB (December 2023 – December 2024) = 10% * initial annual limit of new plan
  = 10% * IDR 4,000,000,000
  = IDR 400,000,000

  Total Annual Limit
  = *Initial annual limit of new plan + NCB (Dec 2023-Dec 2024)*
  = IDR 4,000,000,0000 + IDR 400,000,000
  = IDR 4,400,000,000

## Example 22 – Conversion from PPH+ Plan Bronze A which has 1 claim to PPH+ Pro Bronze B in Year 2 (FUW)

- **June 2022**
  **Bronze A, annual limit IDR 2,000,000,000**

- **June 2023**
  *No claim, eligible for NCB of 10%*
  NCB (June 2022 – June 2023) = 10% * initial annual limit of new plan
  = 10% * IDR 2,000,000,000
  = IDR 200,000,000

  Total Annual Limit = IDR 2,000,000,000 + IDR 200,000,000 = IDR 2,200,000,000

- **October 2023**
  *Claim IDR 500,000,000*
  Total Annual Limit = IDR 2,200,000,000 – IDR 500,000,000
  = IDR 1,700,000

- **December 2023**
  **Upgrade of the Plan Type from Bronze A to Bronze B**
  New Rider anniversary : December 2023
  Annual Limit of old plan : Bronze A, annual limit IDR 2,000,000,000
  Annual Limit of new plan : Bronze B, annual limit IDR 4,000,000,000

  Reset to Annual Limit New Plan PPH+
  = IDR 4,000,000,000

  *Carried over NCB of old plan* (June 2022 – June 2023)
  NCB (June 2022 – June 2023) = 10% * initial annual limit of new plan
  = 10% * IDR 2,000,000,000
  = IDR 200,000,000

  Total Annual Limit
  = *Initial annual limit of new plan + Carried over NCB (June 2022-June 2023)*
  = IDR 4,000,000,0000 + IDR 200,000,000
  = IDR 4,200,000,000

- **December 2024**
  *No NCB, claim incurred in year 2*



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NCB (December 2023 – December 2024) = IDR 0

Total Annual Limit
= *Initial annual limit of new plan + Carried over NCB (June 2022-June 2023*
= IDR 4,000,000,000 + IDR 200,000,000
= IDR 4,200,000,000

## Example 23 – Conversion from PPH+ Plan Gold A which has 1 claim to PPH+ Pro Silver A in Year 2 (GIO)

- **June 2022**
  **Gold A, annual limit IDR 4,000,000,000**

- **June 2023**
  *No claim, eligible for NCB of 10%*
  NCB (June 2022 – June 2023) = 10% * initial annual limit of new plan
  = 10% * IDR 4,000,000,000
  = IDR 400,000,000

  Total Annual Limit = IDR 4,000,000,000 + IDR 400,000,000 = IDR 4,400,000,000

- **October 2023**
  *Claim IDR 500,000,000*
  Total Annual Limit = IDR 4,400,000,000 – IDR 500,000,000
  = IDR 3,900,000

- **December 2023**
  **Downgrade of the Plan Type from Gold A to Silver A**
  New Rider anniversary : December 2023
  Annual Limit of old plan : Gold A, annual limit IDR 4,000,000,000
  Annual Limit of new plan : Silver A, annual limit IDR 3,000,000,000

  Reset to Annual Limit New Plan PPH+
  = IDR 3,000,000,000

  *Carried over percentage of NCB old plan (June 2022 – June 2023)*
  NCB (June 2022 – June 2023) = 10% * initial annual limit of new plan
  = 10% * IDR 3,000,000,000
  = IDR 300,000,000

  Total Annual Limit
  = *Initial annual limit of new plan + Carried over NCB (June 2022-June 2023)*
  = IDR 3,000,000,0000 + IDR 300,000,000
  = IDR 3,300,000,000

- **December 2024**
  *No NCB, claim incurred in year 2*
  NCB (December 2023 – December 2024) = IDR 0

  Total Annual Limit
  = *Initial annual limit of new plan + Carried over NCB (June 2022-June 2023)*
  = IDR 3,000,000,0000 + IDR 300,000,000
  = IDR 3,300,000,000

### 3.3.4 Benefit schedule and limits, if applicable

**Geographic Coverage**
- Cermat 1, Cermat 2, Cermat 3: Indonesia only
- Bronze A, Bronze B: Indonesia only



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- Silver A, Silver B: Asia (exclude JPN, HK, SG)
- Gold A, Gold B: Asia
- Platinum: Worldwide (exclude USA)
- Diamond: Worldwide



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## Table of Benefit of **PRU**Prime Healthcare Plus Pro

| Channel | Product | Plan Available |
|---|---|---|
| Agency | New ILP (marketing name TBD) | All |



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| Plan Type | Description | Maximum Rp. (000) | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Cermat 1 | | Cermat 2 | | Cermat 3 | | Bronze A | | Bronze B | | Silver A | | Silver B | | Gold A | | Gold B | | Platinum | | Diamond | |
| Area of coverage | | Indonesia | Overseas and/or Up R&B | Indonesia | Overseas and/or Up R&B | Indonesia | Overseas and/or Up R&B | Indonesia | | Indonesia | | Asia (excl. JPN,HK,SG) | | Asia (excl JPN,HK,SG) | | Asia | | Asia | | Worldwide (excl. USA) | | Worldwide | |
| **Inpatient & Surgical Benefit** | | | | | | | | | | | | | | | | | | | | | | | |
| Room Type | Per day; No Limit for Room Days | | | | | | | As-charged, whichever is higher between **cheapest 2 (two) bed 1 (one) room** at hospital or Fixed Amount that does not exceed: | | As-charged, whichever is higher between **cheapest 1 (one) bed 1 (one) room with bathroom inside** at hospital or Fixed Amount that does not exceed: | | As-charged, whichever is higher between **cheapest 2 (two) bed 1 (one) room** at hospital or Fixed Amount that does not exceed: | | As-charged, whichever is higher between **cheapest 1 (one) bed 1 (one) room with bathroom inside** at hospital or Fixed Amount that does not exceed: | | As-charged, whichever is higher between **cheapest 2 (two) bed 1 (one) room** at hospital or Fixed Amount that does not exceed: | | As-charged, whichever is higher between **cheapest 1 (one) bed 1 (one) room with bathroom inside** at hospital or Fixed Amount that does not exceed: | | As-charged, whichever is higher between **cheapest 1 (one) bed 1 (one) room with bathroom inside** at hospital or Fixed Amount that does not exceed: | |
| | | | | | | | | Option 1 | Option 2 | Option 1 | Option 2 | Option 1 | Option 2 | Option 1 | Option 2 | Option 1 | Option 2 | Option 1 | Option 2 | Option 1 | Option 2 | Option 1 | Option 2 |
| Room Type | Room Fixed Amount (Select one) | 300 | | 550 | | 650 | | 550 | 1,100 | 1,100 | 3,000 | 550 | 1,100 | 1,100 | 3,000 | 1,100 | 3,000 | 1,700 | 5,000 | 1,700 | 10,000 | 1,700 | 10,000 |
| Intensive Care Unit (ICU) (Incl. NICU/PICU/HDU/Intermediary ward/isolation room) | Max one calendar year (except vegetative state only 150 days) | 600 | | 1,100 | | 1,300 | | As Charged | | | | | | | | | | | | | | | |



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| | | | | | | |
|---|---|---|---|---|---|---|
| General Practitioner Visit | 2 visits per day | 125 | 225 | As Charged | 250 | |
| Specialist Visit | 2 visits per day per type of specialist | 175 | 325 | As Charged | 350 | |
| Operating Charge (Surgeon's, Theatre's, Anesthetist's, including organ tranplantation for insured) | **For Cermat 1-3:** Max per the act of surgical | I: 6,500<br>II: 11,000<br>III: 17,000<br>IV: 32,000 | I: 11,000<br>II: 20,000<br>III: 33,000<br>IV: 55,000 | I: 17,000<br>II: 30,000<br>III: 50,000<br>IV: 80,000 | | |
| Pre-hospitalization treatment | **For Cermat 1-3:** Maximum per disability, Maximum 30 days before hospitalization | 900 | 1,350 | As Charged | 2,000 | As Charged |
| Post-hospitalization treatment | **For Cermat 1-3:** Maximum per disability, Maximum 90 days after hospitalization | 900 | 1,350 | As Charged | 2,000 | |



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<table>
<tr><td>Telehealth in Indonesia</td><td>Maximum 30 days before hospitalisation or 90 days after hospitalisation; Maximum 3 times for Telehealth providers in Indonesia</td><td colspan="2">As Charged under Pre/ Post hospitalisation or Pre/ Post treatment limits</td><td colspan="2">As Charged under Pre/ Post hospitalisation or Pre/ Post treatment limits</td><td colspan="2">As Charged</td><td colspan="3">As Charged</td></tr>
<tr><td>Telehealth for Cancer treatment in Malaysia or Singapura</td><td>Maximum 30 days before hospitalisation or 90 days after hospitalisation; Maximum 1 time for overseas providers within PMN</td><td colspan="6"></td><td>As Charged<br>(Malaysia Only)</td><td>As Charged<br>(Singapore & Malaysia Only)</td></tr>
<tr><td>Miscellaneous Expense</td><td><u>For Cermat 1-3:</u> Maximum per disability</td><td>As Charged</td><td>5,000</td><td>As Charged</td><td>8,000</td><td>As Charged</td><td>10,000</td><td colspan="3" rowspan="2">As Charged</td></tr>
<tr><td>Local Ambulance Service</td><td><u>For Cermat 1-3:</u> Maximum per disability</td><td colspan="2">250</td><td colspan="2">350</td><td>As Charged</td><td>450</td></tr>
</table>



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| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lodging for Companion | For any age Per day; max 150 days per year. For 1 (one) companion with whom Insured stays in the same room. | 100 | 200 | 300 | 600 | 650 | 600 | 650 | 800 | 850 | 1000 | 1250 |
| Daily Cash Benefit | Per day; Max. 100 days per year | 200 | 300 | 400 | 500 | 1,000 | 500 | 1,000 | 1,000 | 1,500 | 1,500 | 1,500 |
| **Outpatient Benefit** | | | | | | | | | | | | |
| Emergency treatment for accidental injury (Incl. dental) | Undergoing outpatient treatment within 48 hours from the time of accident | As Charged | 2,500 | As Charged | 4,000 | As Charged | 6,500 | As Charged | | | | |
| Continued outpatient treatment for accidental injury | Undergoing outpatient treatment within 30 days from the time of accident | As Charged | 2,500 | As Charged | 4,000 | As Charged | 6,500 | | | | | |
| One Day Surgery | One day surgery without inpatient | I: 6,500<br>II: 11,000<br>III: 17,000<br>IV: 32,000 | | I: 11,000<br>II: 20,000<br>III: 33,000<br>IV: 55,000 | | I: 17,000<br>II: 30,000<br>III: 50,000<br>IV: 80,000 | | | | | | |



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| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Pre-Treatment of Day Surgery | **For Cermat 1-3:** Maximum per disability, Maximum 30 days before hospitalization | 900 | | 1,350 | | As Charged | 2,000 | |
| Post-Treatment of Day Surgery | **For Cermat 1-3:** Maximum per disability, Maximum 90 days after hospitalization | 900 | | 1,350 | | As Charged | 2,000 | |
| Outpatient Kidney Dialysis | Treatment related to Kidney Dialysis | As Charged | 10,000 | As Charged | 13,000 | As Charged | 16,000 | |
| Outpatient Cancer Treatment | Outpatient cancer treatment including chemotherapy, radiotherapy, targeted therapy, immunotherapy, and hormonal therapy. | As Charged | 30,000 | As Charged | 50,000 | As Charged | 70,000 | |



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| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Surveillance Benefit for Cancer | Up to 5 years active treatment | As Charged | 10,000 | As Charged | 13,000 | As Charged | 16,000 | | | | | | | | |
| Traditional Medical Treatment | Maximum 90 days after discharge from Hospitalization or Surgery for the same disease or injury | | | | | | | 1,000 per day/ 15,000 per year | 1,000 per day/ 15,000 per year | 1,000 per day/ 15,000 per year | 1,000 per day/ 15,000 per year | 1,000 per day/ 30,000 per year | 1,000 per day/ 30,000 per year | 1,000 per day/ 50,000 per year | 1,000 per day/ 50,000 per year |
| **Special Benefit** | | | | | | | | | | | | | | | |
| Breast reconstruction surgery after mastectomy due to cancer or accident | The breast reconstruction surgery must be performed by a Medical Doctor within 6 months from the date of the mastectomy | As Charged | 32,000 | As Charged | 55,000 | As Charged | 80,000 | As Charged | | | | | | | |



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| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Face reconstruction due to cancer or accident | The face reconstruction surgery must be performed by a Medical Doctor within 6 months from the date of the surgery | As Charged | 32,000 | As Charged | 55,000 | As Charged | 80,000 | |
| Other Reconstruction Surgeries due to Cancer or Accident excluding Breast and Face reconstruction. | Within 6 months from the date of surgery; To cover affected body parts as long as the reconstructive surgery is deemed to be Medically Necessary to restore function and anatomical appearance following radical surgical | | | | | | | As Charged |



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| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | clearance done for treatment of cancer or accident, excluding breast reconstruction and face reconstruction due to cancer or accident | [redacted] | | | | | | |
| Psychiatric and Psychological Care | Maximum 10 sessions per year | | | | | | | As Charged |
| Home Nursing Care | Maximum 120 days per year; | 150 | | 250 | | As Charged | 350 | |
| Third Party Donor upon major organ transplant (including kidney, liver, heart, lungs, and bone narrow) | | As Charged | 150,000 | As Charged | 200,000 | As Charged | 250,000 | As Charged |



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| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Physiotherapy, Occupational Therapy, or Speech Therapy | 30 days before hospitalization, during hospitalization and 90 days after hospitalization; Maximum 90 days per Policy Year | 500 | 600 | As Charged | 700 | As Charged | | | | | | | |
| Palliative Care | Max per life; max 180 days per life | | | | | As Charged | | | | | | | |
| HIV/AIDS Benefit | One-time payment per life for HIV/AIDS due to blood transfusion or occupation | 15,000 | 15,000 | 15,000 | | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 |
| Funeral Benefit | One-time payment for death due to accident or illness | 15,000 | 15,000 | 15,000 | | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 | 30,000 | 30,000 |
| Marhamah Compensation Benefit (Syariah Only) | One-time payment for death due to | 15,000 | 15,000 | 15,000 | | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 |



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| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | accident or illness as compensation for the families left | | | | | | | | | | | |
| **Initial Annual Limit** | | **400,000** | **700,000** | **800,000** | **3,000,000** | **4,000,000** | **3,000,000** | **5,000,000** | **5,000,000** | **7,000,000** | **15,000,000** | **20,000,000** |
| **PRUPrime Limit Booster** | | **800,000** | **1,400,000** | **1,600,000** | **8,000,000** | **12,000,000** | **8,000,000** | **12,000,000** | **26,000,000** | **30,000,000** | **40,000,000** | **50,000,000** |
| **Optional Benefit** | | | | | | | | | | | | |
| **PRUPrime Saver** | Per hospital admission (inpatient) | 1,000 | 2,000 | 3,000 | 4,000 | 5,000 | 4,000 | 5,000 | 9,000 | 10,000 | 15,000 | 20,000 |
| **No Claim Bonus (NCB)** | | Annual limit increases by 10% of the Initial Annual Limit at the end of every policy year, provided that:<br>- No claim has been incurred during 1 policy year<br>- Total accumulated claim during the Policy lifetime is ≤ 10% of Initial Annual Limit<br>- No lapsed experience during 1 policy year<br>The maximum accumulated NCB is 50% of the Initial Annual Limit of the current plan until the end of the Policy term. | | | | | | | | | | |



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**NEW in PRUPrime Healthcare Plus Pro**

**1. Inpatient & Surgical Benefit**

**a. Telehealth in Indonesia**

- Reasonable and customary reimbursement of costs for consultation, treatment, diagnostic examination, laboratory, pathological or radiological examinations charged by General Practitioners, Specialists, Clinics or Hospitals, before or after the Insured undergoes Hospitalization or Surgery or Cancer Treatment due to a disability, provided that:
  1. Payment and/or referral fees for this treatment must be made through a Teleheatlh provider in Indonesia, or a PMN partner hospital located in Indonesia. Reimbursement only can be done up to maximum of 3 (three) times of conducted telehealth within 30 (thirty) calendar days before the Insured begins to undergo Inpatient or Outpatient Surgery or within 90 (ninety) calendar days after the Insured is discharged from the Hospital due to Inpatient or Outpatient Surgery or Cancer Treatment for the disability.
  2. The cost of this pre-hospitalization treatment is not covered if the Insured does not then undergo Hospitalization or Outpatient Surgery or Cancer Treatment for the disability.
  3. Telehealth providers refer to each telehealth provider as published on the Insurer's website.

  The Insurer only pays for medical expenses (shipping fees cannot be paid).

**b. Telehealth for Cancer Treatment in Malaysia or Singapura**

- Reasonable and customary reimbursement of costs for consultation, treatment, diagnostic examination, laboratory, pathological or radiological examinations for cancer treatment charged by Doctors, Clinics or Hospitals, before or after the Insured undergoes Hospitalization for cancer diagnosis or for cancer treatment, provided that:
  1. Payment and/or referral fees for this treatment fee can only be made through PMN partner hospitals located in Malaysia or Singapore. Reimbursement can only be made for 1 (one) time of conducted telehealth within 30 (thirty) calendar days before the Insured starts undergoing Treatment Hospitalization or within 90 (ninety) calendar days after the Insured is discharged from the Hospital due to a cancer diagnosis inpatient or for cancer treatment, carried out within the coverage area according to the plan listed in the PRUPrime Healthcare Plus Pro Benefit Table.
  2. The cost of this pre-hospitalization treatment is not covered if the Insured does not then undergo Hospitalization or cancer treatment for the diagnosis of the cancer.
  3. Telehealth in Malaysia or Singapore for Cancer Treatment must be carried out in the same country as the country at the time of hospitalization or cancer treatment and with the same Specialists for the diagnosis of the cancer.
  4. In the event that the Insured has returned to Indonesia and the treatment provided by the Telehealth provider is available in Indonesia, then the treatment must be obtained in Indonesia.

- The Insurer only pays for medical expenses (shipping fees cannot be paid).

**2. Outpatient Benefit**

a. **Traditional Medical Treatment**

- Reasonable and customary reimbursement of costs of Traditional Medical Treatment that must be received by the Insured no later than 90 (ninety) days after discharge from Hospitalization or Surgery for the same disease or injury subject to the limits of the chosen Plan Type, per the Benefit Table.
- The insured must provide official payment receipt issued by the Traditional Medicine center which has a valid license to administer and practice traditional medicine, and has been recommended by the treating doctor relating to the Hospitalisation or Surgery for the same disease or injury.

**3. Special Benefit**

**a. Other Reconstruction Surgery due to Cancer or Accident excluding Breast and Face reconstruction**

- Within 6 months from the date of surgery



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- To cover other affected body parts as long as the reconstructive surgery is deemed to be Medically Necessary to restore function and anatomial appearance following radical surgical clearance done for treatment of cancer or accident, excluding breast reconstruction and face reconstruction due to cancer or accident
- It can also cover the costs of the use of any implantable prosthesis that is required to rebuild anatomy lost.

**b. Palliative Care**

- Palliative Care is Medically Necessary treatment carried out by a Hospital or Clinic for inpatient or outpatient care to improve the quality of life of the Insured if the treating doctor has indicated that the insured is suffering from a Terminal Illness or Condition resulting from an Injury or Disability, and subsequent actions are aimed at reducing pain, complaints, and symptoms of the terminal Illness or Condition, without any attempt for a cure.
- Terminal Illness is defined as a disease or a condition with no known cure, or one that has progressed to a point where there is no cure and to which the natural course of the disease or condition would lead to death within months rather than years.

**c. Psychiatric and Psychological Care**

- Reasonable and customary reimbursement of costs for treatment, consultation, or treatment for a psychiatric condition, psychological condition, or stress response syndrome that occurs as a result of the Insured undergoing Medically Necessary Treatment for a Disease or Injury that is not of a psychiatric nature.
- Reimbursement for this benefit includes:
  1. Psychiatric and Psychological Care provided during Inpatient, due to Inpatient, Surgical, or Cancer Treatment that which triggers a psychiatric condition, psychological condition, or stress response syndrome, and carried out until subsequent treatment takes place within 1 (one) policy year of **PRU**Prime Healthcare Plus Pro after the Insured is discharged from the Hospital due to hospitalization; or
  2. Psychiatric and Psychological Care provided during Outpatient, where the first treatment must be carried out within 90 (ninety) calendar days after the Insured is discharged from the Hospital due to Inpatient, Surgical, or Cancer Treatment that triggers a psychiatric condition, psychological condition, or stress response syndrome, and carried out until subsequent treatment takes place within 1 (one) policy year of PRUPrime Healthcare Plus Pro after the Insured is discharged from the Hospital due to hospitalization.
- Psychiatric and Psychological Care must be provided in a Hospital or Clinic by a registered psychiatrist or psychologist and is Medically Necessary, based on a written recommendation from the Doctor or Specialist treating the Insured at the time of Hospitalization. Psychiatric and Psychological Treatments that can be covered are a maximum of 10 (ten) treatments within 1 (one) policy year.
- The Company shall pay the benefits for the treatment of psychiatric and psychological disorder(s) or stress response syndrome that occurs as a result of the insured having to undergo Medically Necessary treatment for a Covered Conditions that is not psychiatric in nature, subject to a maximum of 10 sessions per policy year.
- Reimbursement for this benefit is not included:
  1. Pre-existing psychiatric conditions, psychological conditions, or stress response syndrome;
  2. Hospitalization due to psychiatric conditions, psychological conditions, or stress response syndrome; or
  3. Psychiatric and Psychological Care carried out in mental hospitals and unlicensed institutions.

### 3.3.5 Other benefits

**a) Funeral expenses**

A lump sum benefit will be payable upon the death of the Insured due to accident/illness. This benefit does not reduce the Annual Limit or **PRU**Prime Limit Booster. This benefit follows the basic death benefit exclusions and claims procedure (in accordance with Basic Insurance Policy Provision) and the policy will be terminated upon the payment of this benefit.



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**b) Daily Cash Benefit**

The Daily Cash Benefit will be payable if:

a. The insured is hospitalized at the Hospital or Clinic and the insured has an insurance policy from another insurance company or insurance program that provides payment of health benefits to employees or insurance administered by the government ("other insurance") where this other insurance provides benefits similar to PRUPrime Healthcare Plus policy and has been used to pay for the hospitalization costs while the Insured is hospitalized;
b. It does not exceed the maximum annual benefit limit, total Annual Limit and a maximum of 100 days per Policy Year as listed in the Table of Benefit;
c. The claim complies with the policy provisions;
d. The Insured can only claim either Daily Cash Benefit or Coordination of Benefit (COB) at a time;
e. The amount payable follows the following formula:

**Amount payable =** $\boldsymbol{A \; x \; B}$

Where:
A = Number of days an Insured get hospitalized
B = Eligible cash amount per day in accordance with the Plan

### Example 1 – Customers who is eligible for Daily Cash Benefit

Rico (30, MS) who has **PRU**Prime Healthcare Plus Pro **Silver A** also owned other similar medical rider issued by Company X. Due to acute appendicitis, he is hospitalized in Hospital A located in Indonesia for 3 days costing IDR 1,000,000/day and also incurred other medical treatment charges as part of the hospitalization of IDR 17,000,000, giving a total inpatient bill of IDR 20,000,000. He decided to claim all the medical expenses incurred during hospitalization to Company X instead of to PLA. Company X accepted his claim and has been paid all the expense incurred by Rico with details as follow:

| Items | Number of days | Claim Submitted to Company X | Claim Paid by Company X | Excess Amount |
|---|---|---|---|---|
| Room | 3 | 3,000,000 | 3,000,000 | 0 |
| Appendix surgery, associated medical treatment charges theatre, drugs, dressings, nursing, surgeon and anaesthetist, etc. | | 17,000,000 | 17,000,000 | 0 |
| **Total** | | **20,000,000** | **20,000,000** | **0** |

He then claimed to PLA for Daily Cash Benefit. Since all the claims have been paid by company X, he is eligible for daily cash benefit with details as follow:

| Eligible Daily Cash Benefit per Day | Number hospitalization days | Total claim paid by PLA |
|---|---|---|
| 500,000 | 3 | **1,500,000** |

### Example 2 – Customer who is eligible for Daily Cash Benefit but choose Coordination of Benefit (COB)

Rexha (35, MNS) who has **PRU**Prime Healthcare Plus Pro **Silver A** also owned other similar medical rider issued by Company Y. Due to acute appendicitis, he is hospitalized in Hospital A located in Indonesia for 5 days costing IDR 1,000,000/day and also incurred other medical treatment charges as part of the hospitalization of IDR 20,000,000, giving a total inpatient bill of IDR 25,000,000. He decided to claim all the medical expenses incurred during hospitalization to Company Y instead of to PLA. Company Y accepted his claim and has been paid all the expense incurred by Rexha with details as follow:



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| Items | Number of days | Claim Submitted to Company Y | Claim Paid by Company Y | Excess Amount |
|---|---|---|---|---|
| Room | 5 | 5,000,000 | 5,000,000 | 0 |
| Appendix surgery, associated medical treatment charges theatre, drugs, dressings, nursing, surgeon and anaesthetist, etc. | | 20,000,000 | 15,000,000 | 5,000,000 |
| **Total** | | **25,000,000** | **20,000,000** | **5,000,000** |

Although all the claims have been paid by Company Y, he decided to claim for Coordination of Benefit (COB) to PLA instead of Daily Cash Benefit after considering the fact that the claim excesses are much higher than the total amount of Daily Cash Benefit he is eligible to. Since he has claimed for COB, he will not eligible to claim the Daily Cash Benefit.

**c) HIV/AIDS Benefits**

A lump sum benefit will be payable if the Insured is diagnosed as having HIV/AIDS due to blood transfusion or occupation

**d) Medical Second Opinion (MSO)**

If an Insured/Participant is diagnosed with a dread-diseases (refer to the list of covered and exceptions), the Insured/Participant will be entitled to Medical Second Opinion Service (MSO) from a Specialist which is part of the network of TPA.

Unless stated otherwise, the following services are provided without charges to the Insured/Participant:

| Benefit | Description |
|---|---|
| **Collection of medical records** | Upon receiving the signed request from the Insured/Participant, TPA will assist the Insured/Participant to obtain all relevant information, including contacting the treating doctor.<br><br>Important note: The Insured/Participant acknowledges that it is the essence of MSO service to assess medical records. Thus, it is important for TPA to collect as many as possible relevant documents about the Insured/Participant. TPA will assist the Insured/Participant, to the best extent of its capabilities, to collect these medical records, but shall not be held liable if insufficient medical records are collected so MSO services cannot be rendered. |
| **Translation of medical records** | When the original records are in Bahasa Indonesia, TPA will translate all the documents into English so that they can be easily reviewed by Specialists who practice overseas. |
| **Referral to overseas specialist** | TPA will recommend and contact relevant pre-selected specialist in TPA worldwide network, excluding USA, and ensure the transfer of all necessary medical records to carry out MSO service. This Referral to Specialists will only be done within TPA Network Provider with their list of Specialists, and the Insured/Participant does not have the privilege to choose their own preferred Specialist for MSO.<br><br>The Insured/Participant acknowledges that TPA will choose the most appropriate MSO specialist, who is part of TPA network providers, who is available at the time of the request is made. The Insured/Participant acknowledges that TPA has no authority to the content of the report, and TPA shall not be held liable for any consequences triggered by the MSO report and its content.<br>Also, the Insured/Participant acknowledges that MSO report will be elaborated on the sole information provided by the Insured/Participant through TPA to the MSO specialist, and the MSO report does not constitute a medical consultation. |



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| | |
|---|---|
| **Presentation of second opinion** | Upon receiving the MSO report, TPA's doctor will present the report to the Insured/Participant. When the Insured/Participant resides in Jabodetabek area, TPA may send its doctor to the Insured/Participant to present the MSO result or the Insured/Participant may come to TPA's clinic in Cilandak. Otherwise, TPA may contact the Insured/Participant through phone call or other possible means of virtual communication, - depending on what is agreed between TPA and the insured/participants. TPA will do their best in assisting the Insured/Participant with his/her questions. |
| **Appointment and travel arrangements** | Should the Insured/Participant wish to meet with the appointed medical specialist who provided the MSO report, TPA will assist in scheduling appointments with the specialist and help with any travel arrangements (i.e. flights, hotel bookings) to perform the MSO. However, all associated costs will be borne solely by the Insured/Participant. |
| **Discount on in-patient bills at selected overseas hospital** | TPA, based on its own partnership with Network Provider, may provide some discount to the Insured/Participant for overseas in-patient as part of meeting with the Specialist who provided the MSO service. The Insured/Participant must contact TPA prior the hospitalization to find out if there is discount available in the directed Network Provider. Any hospital admissions that are not organized through TPA will not be entitled for any discount. |

**CONDITIONS & LIMITATIONS**

1. TPA cannot be held responsible for failure to provide Services or for delays caused by strikes or conditions beyond its control including, but not limited to flight conditions or where local laws or regulatory agencies prohibit TPA from rendering such MSO Services.

2. TPA reserves the right to provide 1 (one) only medical second opinion attributable to any single medical condition of the Insured/Participant, unless otherwise agreed in writing by TPA**.**

3. TPA cannot accept any liability for any malpractice in relation to the performance of a physician or attorney who is not an employee of TPA.

4. If medical information available for the Specialist is insufficient to make a medical second opinion, TPA is not responsible for the failure to provide the service.

5. The Insured/Participant will be required to sign a medical information release form in order for TPA to provide the service.

**LIST OF DREADFUL DISEASES**

1. Heart attack
2. Stroke
3. Coronary Artery Disease Requiring Surgery
4. Cancer
5. Kidney Failure
6. Fulminant Viral Hepatitis
7. Major Organ Transplant
8. Paralysis/Paraplegia
9. Multiple Sclerosis
10. Primary Pulmonary Arterial Hypertension
11. Heart Valve Replacement
12. Surgery to Aorta
13. Loss of Speech
14. Alzheimer's Disease/Irreversible organic degenerative brain disorders
15. Major burns
16. Motor Neuron Disease
17. Parkinson Disease
18. Sudden blindness
19. Aplastic Anemia



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20. Muscular Dystrophy
21. Benign brain tumor
22. Encephalitis
23. Poliomyelitis
24. Brain Surgery
25. Apallic syndrome
26. Full blown AIDS

**WORKFLOW**

1. Initial Contact
   The Insured/Participant/Policy Holder who is diagnosed with one of those dreadful illnesses should contact TPA to initiate the MSO Service. TPA can be contacted through phone call in (+62) 1500812.

2. Medical Record Retrieval
   When TPA approves the request from the Insured/Participant and gas gained the consent from the Insured/Participant/Policy Holder, TPA will assist the Insured/Participant to gather complete Medical Records required rendering MSO service. This assistance will include gathering and translating all primary diagnostic results of the Insured/Participant, such as: pathology, radiology, EKG, EEG, ultrasounds and any relevant medical reports.

3. Referral to specialist
   After having the required Medical Records of the Insured/Participant, TPA will refer the files in digital format / physically sent via courier to the best available Specialist for review within TPA Network Provider.

4. Clarification
   TPA may facilitate communication between the Insured/Specialist to ensure all information required for the MSO service is correct. This service, however, does not cover any translator help needed by the Insured/Participant to talk directly with the Specialist.

5. Review
   Appointed Specialist who has agreed to provide MSO service will go a thorough review of the Insured/Participant's medical records and diagnostic test result. The result of the review will be sent directly to TPA's doctor.

6. Consultation
   Upon receiving the MSO report, TPA's doctor will present the report to the Insured/Participant. When the Insured/Participant resides in *Jabodetabek* area, TPA may send its doctor to the Insured/Participant to present the MSO result or the Insured/Participant may come to TPA's clinic. TPA will do their best assisting the Insured/Participant with his/her questions. Otherwise, TPA may contact the Insured/Participant through phone call or other possible means of virtual communication, - depending on what is agreed between TPA and the insured/participants. TPA will do their best in assisting the Insured/Participant with his/her questions.

7. Follow-Up Consultation
   After receiving the MSO result, if the Insured/Participant wish to conduct more consultations or seek treatment from the Specialist rendering the MSO, TPA may assist in scheduling appointments with the specialist. However, all associated costs will be borne solely by the Insured/Participant.

8. Case closed
   Once the medical report is delivered back to the member and the Insured/Participant does not require any further assistance from TPA, the case is closed and the files stored securely for future reference.



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**e) Medical Evacuation**

The appointed medical evacuation must provide essential medication and medical equipment. Decisions for medical evacuation (location and network provider) are based on the TPA's decision. The target to this membership is in line with the maximum coverage age of as charge product at the commencement.

PRUDENTIAL gives medical evacuation benefits for the Insured/participant and TPA will provide the service as follows:

| Benefit | Description |
|---|---|
| **Evacuation and/or Repatriation** | Medical Evacuation and/or Repatriation maximum Limit is US$ 1,000,000 per Insured per event |
| **Dispatch of Physician** | In the event of an emergency, TPA will send an appropriate medical practitioner to the member if it's decided by TPA's medical team. |
| **Essential Medication/Medical Equipment** | TPA will, dispatch any prescription medicines and/or medical equipment that are not locally available to the member, cost of the medicines and delivery will be paid by member. |
| **Repatriation of Mortal Remains** | Repatriation of Mortal Remains up to maximum cost of US$15,000 (fifteen thousand USD). |
| **24 Hour Worldwide Medical Information and Assistance** | TPA will provide pre-trip referral information on countries and regions to be visited. |
| **Network provider Deposits Guarantee** | Network provider Deposits Guarantee benefit up to US$10,000 (ten thousand USD) and the member will require to repay any sum advanced within 30 (thirty) days. |
| **Emergency Personal Cash** | Emergency Personal Cash with a cash advance of up to US$1,000 (one thousand USD) in local currency equivalent for medical emergencies and the member will require to repay any sum advanced within 30 (thirty) days. |
| **Medical Monitoring** | 100 (one hundred) km from home or outside of Principal Country of Residence |
| **Emergency Family Travel Arrangements** | TPA will coordinate emergency travel arrangements for family. In the event of emergency medical transportation is required within the Member's. |
| **Transportation to join Hospitalised Insured** | Principal Country of Residence, service are provide only when the suitable medial facility is in excess of 50 (fifty) Km from the place of network provider or where ground. |
| **Return of Children** | TPA will arrange and pay one way economy transportation for them to their place of residence on nearest relative or designated guardian where appropriate. |
| **Return of Traveling Companion** | TPA will arrange and pay for one way economy air transportation for the companion to the original departure point. |
| **Convalescence Expenses** | TPA will pay transportation, meal and accommodation expenses of the member with amount of US$1.000.00 (one thousand USD). |
| **Return to Place of Work** | TPA will pay and arrange a economy round trip transportation. |
| **Return due to Family Emergency** | If a direct family member suffers serious Accident or Illness, TPA will co-ordinate and pay for the Member to return to the Member's Principal Country of Residence. |



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| | |
|---|---|
| **Personal Assistance:** | • Emergency Message Transmission<br>TPA will receive and transmit emergency messages to the member.<br>• Lost of Document Assistance<br>In the event the member loses important travel documents, TPA will assist in providing information on how and when to obtain replacements of such documents.<br>• Translation & Interpreter Referral<br>TPA will provide personal telephone translation services in the event of an emergency.<br>• Legal Access Referral<br>TPA will provide referral to legal services and will arrange for legal consultant and representation throughout the word.<br>• Embassy / Consulate Information<br>TPA will inform member with contact information for Embassies and consulates worldwide to the member.<br>• Claim Assistance<br>TPA will assist member with coordinating overseas claims procedures with their insurer. |

### 3.3.6 Product facilities

**a)** **PRU**Prime Limit Booster

The limited sum of medical expenses which can be exhausted throughout the duration of health insurance coverage.

**PRU**Prime Limit Booster further enhances Insured's medical claim limit. It can be used anytime to add on to the annual limit.

**PRU**Prime Limit Booster is subject to a cap according to the policy term duration chosen by Policy Holder as shown in the benefit schedule above and shall be terminated when the limit is fully used and it will not be reset.

**b)** **PRU**Prime Saver

Provides a more affordable option to customers who want to enhance the value of the Policy. The initial fixed amount (equivalent to Deductible selected) which the Policyholder needs to pay out of the total eligible benefits **per admission** before PLA pays for any expenses. "Per admission" means a new deductible applies every time the Insured is admitted to the hospital.

| Area of Coverage | | Cermat 1 | Cermat 2 | Cermat 3 | Bronze A | Bronze B | Silver A | Silver B | Gold A | Gold B | Platinum | Diamond |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Indonesia only | Indonesia only | Indonesia only | Indonesia only | Indonesia only | Asia (excl JPN,HK,SG) | Asia (excl JPN,HK,SG) | Asia | Asia | Worldwide (excl USA) | Worldwide |
| **PRU**Prime Saver | **Per hospital admission (inpatient)** | 1,000 | 2,000 | 3,000 | 4,000 | 5,000 | 4,000 | 5,000 | 9,000 | 10,000 | 15,000 | 20,000 |

Terms and conditions:

- Deductibles shall apply to the following benefits **in sequential order** based on the priority number

**a. For plan Cermat 1 – 3**

| Benefits Applicable for Deductible | |
|---|---|
| **Priority** | **As Charged Benefit** |
| 1 | Miscellaneous Hospital Expense |
| 2 | General Practitioner Visit (Cermat 3 only) |
| 3 | Specialist Visit (Cermat 3 only) |
| 4 | Local Ambulance Service (Cermat 3 only) |



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| | |
|---|---|
| 5 | Breast reconstruction surgery after mastectomy due to cancer or accident |
| 6 | Face reconstruction surgery due to cancer or accident |
| 7 | Third Party Donor upon major organ transplant |
| 8 | Physiotherapy, Occupational Therapy, or Speech Therapy for Inpatient (Cermat 3 only) |
| **Priority** | **Non - As Charged Benefit** |
| 9 | Operating Charge (Surgeon's, Theatre's, Anesthetist's) |
| 10 | Intensive Care Unit (ICU) (Incl.NICU/PICU/HDU/Intermediary ward/isolation room) |
| 11 | General Practitioner Visit (Cermat 1 & 2) |
| 12 | Specialist Visit (Cermat 1 & 2) |
| 13 | Local Ambulance Service (Cermat 1 & 2) |
| 14 | Physiotherapy, Occupational Therapy, or Speech Therapy for Inpatient (Cermat 1 & 2) |
| 15 | Daily Hospital Room |
| 16 | Lodging for companion |

**b. For plan Bronze A – Diamond**

| **Benefits Applicable for Deductible** | |
|---|---|
| **Priority** | **As Charged Benefit** |
| 1 | Miscellaneous Hospital Expense |
| 2 | Operating Charge (Surgeon's, Theatre's, Anesthetist's) |
| 3 | Intensive Care Unit (ICU) (Incl.NICU/PICU/HDU/Intermediary ward/isolation room) |
| 4 | General Practitioner Visit |
| 5 | Specialist Visit |
| 6 | Local Ambulance Service |
| 7 | Palliative Care |
| 8 | Breast reconstruction surgery after mastectomy due to cancer or accident |
| 9 | Face reconstruction surgery due to cancer or accident |
| 10 | Other Reconstruction Surgeries due to Cancer or Accident, excluding Breast and Face reconstruction. |
| 11 | Third Party Donor upon major organ transplant |
| 12 | Physiotherapy, Occupational Therapy, or Speech Therapy for Inpatient |
| 13 | Psychiatric and Psychological Care |
| **Priority** | **Non - As Charged Benefit** |
| 14 | Daily Hospital Room |
| 15 | Lodging for companion |

- Deductibles shall not apply to the following benefits

| **Benefits Non - Applicable for Deductible** |
|---|
| Daily Cash Benefit |
| Pre-hospitalization treatment |
| Post-hospitalization treatment |
| Telehealth in Indonesia |
| Telehealth for Cancer treatment in Malaysia or Singapura |
| Emergency treatment for accidental injury |
| Continued outpatient treatment for accidental injury |
| Outpatient Cancer Treatment |
| Surveillance Benefit for Outpatient Cancer Treatment |



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| Traditional Medical Treatment |
|---|
| Outpatient Kidney Dialysis Treatment |
| Day surgery |
| Pre-Treatment of Day Surgery |
| Post-Treatment of Day Surgery |
| Home Nursing Care |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Outpatient |
| Funeral Benefit |
| HIV/AIDS Benefit |
| Marhamah Compensation Benefit (Syariah Only) |

**Below are the sample cases of PRUPrime Saver utilization:**

## Example 1 – PRUprime saver < Total Hospital Bill

An Insured who has **PRU**Prime Healthcare Plus Pro **Silver A** with **PRU**prime saver IDR 4,000,000 stayed for 2 days in a room costing IDR 1,000,000/day in Hospital A and also incurred other medical treatment charges as part of the hospitalization of IDR 10,000,000, giving a total inpatient bill of IDR 12,000,000.

| Start Date | Insured with Silver A (PRUprime saver IDR 4,000,000) Hospital A | |
|---|---|---|
| 01/09/19 | Room | 1,000,000 |
| 01/09/19 | Appendix surgery, associated medical treatment charges theatre, drugs, dressings, nursing, surgeon and anesthetist, etc. | 10,000,000 |
| 02/09/19 | Room | 1,000,000 |
| | **Total medical treatment charges** | **12,000,000** |
| | **PRU**prime saver (amount that Policyholder/Insured pays) | **4,000,000** |
| | Amount that PLA pays =12,000,000 – 4,000,000 | **8,000,000** |

## Example 2 – PRUprime saver > Total hospital Bill

An Insured who has **PRU**Prime Healthcare Plus Pro **Gold A** with **PRU**prime saver IDR 9,000,000 stayed for 2 days in a room costing IDR 2,000,000/day in Hospital A and also incurred other medical treatment charges as part of the hospitalization of IDR 4,000,000 giving a total inpatient bill of IDR 8,000,000.

| Start Date | Insured with Gold A (PRUprime saver IDR 9,000,000) Hospital A | |
|---|---|---|
| 01/09/19 | Room | 2,000,000 |
| 01/09/19 | Associated medical treatment charges theatre, drugs, dressings, nursing, surgeon and anesthetist etc | 4,000,000 |
| 02/09/19 | Room | 2,000,000 |
| | Total medical treatment charges | **8,000,000** |
| | **PRU**prime saver | **9,000,000** |
| | Amount that Policyholder/Insured pays (Billing total < PRUprime saver) | **8,000,000** |

Note: The insurer will not pay any benefit for customer due to higher PRUPrime saver than the total bills incurred.



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## Example 3 – 2 hospital admissions in a day in the same Hospital

An Insured who has **PRU**Prime Healthcare Plus Pro **Silver B** with **PRU**prime saver IDR 5,000,000 stayed for 2 days due to appendix surgery in a room costing IDR 2,000,000/day in **Hospital A** and also incurred medical treatment charges as part of the hospitalization of IDR 6,000,000. He was discharged, then after an hour he was re-admitted to **Hospital A** on the same day with another diagnosis due to diarrhea, stayed for 1 day in the same room class and incurred medical treatment charges as part of the hospitalization of IDR 4,000,000. **Deductible will be applied in every hospital admission with different diagnosis.**

| Start Date | Insured with Silver B (PRUprime saver IDR 5,000,000)<br>Hospital A | |
|---|---|---|
| 01/09/19 | Room | 2,000,000 |
| 01/09/19 | Appendix surgery and associated medical treatment | 6,000,000 |
| 02/09/19 | Room | 2,000,000 |
| 02/09/19 (01.00 pm) | Check out | |
| | Total medical treatment charges (for appendix) | **10,000,000** |
| | **PRU**prime saver (amount that Policyholder/Insured pays) | **5,000,000** |
| | Amount that PLA pays = 10,000,000 – 5,000,000 | **5,000,000** |
| 02/09/19 (06.00 pm) | Diarrhea and associated medical treatment | 4,000,000 |
| 02/09/19 | Room | 2,000,000 |
| 03/09/19 | Check out | |
| | Total medical treatment charges (for diarrhea) | **6,000,000** |
| | **PRU**prime saver (amount that Policyholder/Insured pays) | **5,000,000** |
| | Amount that PLA pays =6,000,000 – 5,000,000 | **1,000,000** |

## Example 4 – 2 hospital admissions in a day in different Hospitals

An Insured who has **PRU**Prime Healthcare Plus Pro **Silver B** with **PRU**prime saver IDR 5,000,000 stayed for 2 days due to Appendix surgery in a room costing IDR 2,000,000/day in **Hospital A** and also incurred medical treatment charges as part of the hospitalization of IDR 6,000,000. He was discharged, then after an hour **Hospital A** referred the customer to **Hospital B** to get better treatment on the same day and stayed for 1 day a room costing 2,500,000/day.

| Start Date | Insured with Silver B (PRUprime saver 5,000,000)<br>Hospital A | |
|---|---|---|
| 01/09/19 | Room | 2,000,000 |
| 01/09/19 | Appendix surgery and associated medical treatment | 6,000,000 |
| 02/09/19 | Room | 2,000,000 |
| 02/09/19 (01.00 pm) | Check out | |
| | Total medical treatment charges | **10,000,000** |
| | **PRU**prime saver (amount that Policyholder/Insured pays) | **5,000,000** |
| | Amount that PLA pays =10,000,000 – 5,000,000 | **5,000,000** |

| Hospital B | | |
|---|---|---|
| 02/09/19 (02.00 pm) | Appendix surgery and associated medical treatment (Continued Treatment) | 6,000,000 |
| 02/09/19 | Room | 2,500,000 |
| 03/09/19 | Check out | |
| | Total medical treatment charges | **8,500,000** |
| | **PRU**prime saver (amount that Policyholder/Insured pays) | **5,000,000** |
| | Amount that PLA pays = 8,500,000 – 5,000,000 | **3,500,000** |



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**c) Pro-Ration Factor (applicable for Bronze A – Diamond)**

In the event that the Insured is admitted to a hospital room that charges higher than the entitled room or the chosen fixed amount, the total medical treatment expenses (including ICU) incurred in respect of that hospitalization will be prorated in accordance with the following pro-ration factor:

**Pro-ration factor for room type:**

$$Proration\ factor = \frac{Total\ Entitled\ Daily\ Room\ and\ ICU\ Room\ Cost\ in\ accordance\ with\ the\ Plan\ chosen\ by\ the\ Policyholder}{The\ sum\ of\ Daily\ Room\ and\ ICU\ Room\ Cost\ per\ day\ during\ inpatient\ with\ the\ calculation\ of\ the\ cost\ per\ day\ is\ whichever\ is\ higher\ between\ actual\ Room\ cost\ or\ The\ Entitled\ Daily\ Room\ and\ ICU\ Room\ Cost\ in\ accordance\ with\ the\ Plan\ chosen\ by\ the\ Policyholder}$$

$$The\ Entitled\ Daily\ Room\ and\ ICU\ Room\ Cost = max(fixed\ amount, daily\ room\ and\ ICU\ room\ cost\ covered\ by\ the\ policy)$$

There will be no proration for staying in higher than covered room under the following two scenarios:

1. If the covered room under the policy is full in the chosen hospital, Insured is able to stay in the room that is one level above the covered room for **2 days without proration,** counted since the first day of hospitalization or the first day after discharged from the ICU room if the first day of hospitalization is treated in ICU room.

2. If the covered room price (2-bedded room/ 1-bedded room with bathroom inside/ 1 level above 1-bedded room with bathroom inside, according to the selected plan) of chosen hospital is cheaper than the "Fixed Amount" defined in the Table of Benefit, the Insured is allowed to stay in any room that is higher than the covered room price (2-bedded room/ 1-bedded room with bathroom inside/ 1 level above 1-bedded room with bathroom inside, according to the selected plan) as long as the room price doesn't exceed the "Fixed Amount".

In the event that an insured person occupies a hospital room that charges lower than the **room fixed amount** provided under their chosen policy, the amount of the average costs difference during admission will increase the **PRU**Prime Limit Booster. The additional **PRU**Prime Limit Booster will be calculated at the end of every Policy year provided that there is no outstanding claims. The additional **PRU**Prime Limit Booster will valid for the next Policy year.

### Pro-ration for claim outside coverage area

In the event that the Insured is admitted to a hospital room that located outside of coverage area, the total medical treatment expenses incurred in respect of that hospitalization will be prorated in accordance with the following pro-ration factor:

| Treatment in | Plan Type | | | | |
|---|---|---|---|---|---|
| | Indonesia | Asia excl SG, JPN, HK | Asia | Worldwide excl US | Worldwide |
| Indonesia | 100% | 100% | 100% | 100% | 100% |
| Asia, excl SG, JPN, HK | 50% | 100% | 100% | 100% | 100% |
| SG, JPN, HK | 15% | 30% | 100% | 100% | 100% |
| Worldwide excl US | 10% | 15% | 60% | 100% | 100% |
| Worldwide | 5% | 10% | 40% | 60% | 100% |



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**d) Inner limit for claim with higher grade room and/or outside coverage area for Cermat 1 – 3**

1. If the claim is approved and incurred in Indonesia with R&B as entitled plan, or If the covered room under the policy is not available in the chosen hospital, Insured is able to stay in the room that is one level above the covered room for **2 days**:
   a. If the claim is under as-charged benefit, then it will be paid as-charged.
   b. If the claim is under inner limit benefit, then it will be paid as inner limit amount in its plan.

2. If the claim is approved and incurred in R&B above the entitled plan and/or outside Indonesia, then it will be paid as inner limit amount in its plan.



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**Table of Product Facility Summary**

Appendix Table for Benefits categorized as either As Charged or Inner Limit will apply for **Cermat 1, Cermat 2, and Cermat 3**.

| Plan Type | Cermat 1 & Cermat 2 | | | | Cermat 3 | | | |
|---|---|---|---|---|---|---|---|---|
| Treatment | As Charged | Inner Limit | Inner Limit for Higher Grade Room and/or Outside Coverage Area | Deductible | As Charged | Inner Limit | Inner Limit for Higher Grade Room and/or Outside Coverage Area | Deductible |
| **Inpatient & Surgical Benefit** | | | | | | | | |
| Daily Hospital Room | | √ | √ | √ | | √ | √ | √ |
| Intensive Care Unit (ICU) (Incl. NICU/PICU/HDU/Intermediary ward/isolation room) | | √ | √ | √ | | √ | √ | √ |
| General Practitioner Visit | | √ | √ | √ | √ | | √ | √ |
| Specialist Visit | | √ | √ | √ | √ | | √ | √ |
| Operating Charge (Surgeon's, Theatre's, Anesthetist's) | | √ | √ | √ | | √ | √ | √ |
| Pre-hospitalization treatment | | √ | √ | | √ | | √ | |
| Post-hospitalization treatment | | √ | √ | | √ | | √ | |
| Telehealth in Indonesia | √ | | | | √ | | | |
| Miscellaneous Expense | √ | | √ | √ | √ | | √ | √ |
| Local Ambulance Service | | √ | √ | √ | √ | | √ | √ |
| Lodging for Companion | | √ | √ | √ | | √ | √ | √ |
| Daily Cash Benefit | | √ | √ | | | √ | √ | |
| **Outpatient Benefit** | | | | | | | | |



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| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Emergency treatment for accidental injury (Incl. dental) | √ | | √ | | √ | | √ | |
| Continued outpatient treatment for accidental injury | √ | | √ | | √ | | √ | |
| One Day Surgery | | √ | √ | | | √ | √ | |
| Pre-Treatment of Day Surgery | | √ | √ | | √ | | √ | |
| Post-Treatment of Day Surgery | | √ | √ | | √ | | √ | |
| Outpatient Kidney Dialysis | √ | | √ | | √ | | √ | |
| Outpatient Cancer Treatment | √ | | √ | | √ | | √ | |
| Surveillance Benefit for Cancer | √ | | √ | | √ | | √ | |
| **Special Benefit** | | | | | | | | |
| Breast reconstruction surgery after mastectomy due to cancer or accident | √ | | √ | √ | √ | | √ | √ |
| Face reconstruction due to cancer or accident | √ | | √ | √ | √ | | √ | √ |
| Home Nursing Care | | √ | √ | | √ | | √ | |
| Third Party Donor upon major organ transplant (including kidney, liver, heart, lungs, and bone narrow) | √ | | √ | √ | √ | | √ | √ |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Inpatient | | √ | √ | √ | √ | | √ | √ |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Outpatient | | √ | √ | | √ | | √ | |
| HIV/AIDS Benefit | | √ | √ | | | √ | √ | |
| Funeral Benefit | | √ | √ | | | √ | √ | |



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Appendix Table for Benefits categorized as either As Charged or Inner Limit to Prorate will apply for **Bronze A, Bronze B, Silver A, Silver B, Gold A, Gold B, Platinum and Diamond**.

| Treatment | As Charged | Inner Limit | Pro-Rate for Higher Grade Room | Pro-Rate for Outside Coverage Area | Deductible |
|---|---|---|---|---|---|
| **Inpatient & Surgical Benefit** | | | | | |
| Daily Hospital Room | √ | | | √ | √ |
| Intensive Care Unit (ICU)<br>(Incl. NICU/PICU/HDU/Intermediary ward/isolation room) | √ | | √ | √ | √ |
| General Practitioner Visit | √ | | √ | √ | √ |
| Specialist Visit | √ | | √ | √ | √ |
| Operating Charge<br>(Surgeon's, Theatre's, Anesthetist's) | √ | | √ | √ | √ |
| Pre-hospitalization treatment | √ | | | √ | |
| Post-hospitalization treatment | √ | | | √ | |
| Telehealth in Indonesia | √ | | | | |
| Telehealth for Cancer treatment in Malaysia or Singapura | √ (for Plan Silver A and above) | | | √ | |
| Miscellaneous Expense | √ | | √ | √ | √ |
| Local Ambulance Service | √ | | √ | √ | √ |
| Lodging for Companion | | √ | | | √ |
| Daily Cash Benefit | | √ | | | |
| **Outpatient Benefit** | | | | | |
| Emergency treatment for accidental injury (Incl. dental) | √ | | | √ | |
| Continued outpatient treatment for accidental injury | √ | | | √ | |
| One Day Surgery | √ | | | √ | |
| Pre-Treatment of Day Surgery | √ | | | √ | |
| Post-Treatment of Day Surgery | √ | | | √ | |
| Outpatient Kidney Dialysis | √ | | | √ | |



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| | | | | | |
|---|---|---|---|---|---|
| Outpatient Cancer Treatment | √ | | | √ | |
| Surveillance Benefit for Cancer | √ | | | √ | |
| Traditional Medical Treatment | | √ | | | |
| **Special Benefit** | | | | | |
| Breast reconstruction surgery after mastectomy due to cancer or accident | √ | | √ | √ | √ |
| Face reconstruction due to cancer or accident | √ | | √ | √ | √ |
| Other Reconstruction Surgeries due to Cancer or Accident excluding Breast and Face reconstruction. | √ | | √ | √ | √ |
| Palliative Care | √ | | √ | √ | √ |
| Psychiatric and Psychological Care | √ | | | | |
| Home Nursing Care | √ | | | √ | |
| Third Party Donor upon major organ transplant (including kidney, liver, heart, lungs, and bone narrow) | √ | | √ | √ | √ |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Inpatient | √ | | √ | √ | √ |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Outpatient | √ | | | √ | |
| HIV/AIDS Benefit | | √ | | | |
| Funeral Benefit | | √ | | | |



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## Example 1 – If the room type covered by the plan is not available in selected hospital – Non-Deductible

**Criteria:**

| Plan | Coverage Area | Room | Fixed Amount | Deductible | Room availability according to the Plan | Selected Room | Area of Treatment | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Inpatient & Surgical | Outpatient | Special Benefit |
| Silver B | Asia (Exclude JPN, HK, SG) | Cheapest 1-bed-1-room with bathroom inside | 1,100,000 | **Unapplied** | **Not Available** | **Upgrade to one-level-higher room** | Indonesia | Indonesia | Indonesia |

Annie (35, FNS) who owned a **PRU**Prime Healthcare Plus Pro Policy with **Silver B** is being hospitalized for 7 days in Hospital A located in Indonesia due to Kidney Failure. According to the selected plan, she is entitled to the cheapest-1-bed-1-room with bathroom inside or Fixed Amount of IDR 1,100,000 as the covered room type. However, due to unavailability of that corresponding room type, she had to stay in one-level-higher room for the first 4 days and then moved to the room type which matches her plan for the rest of the day after the covered room type was available. Couple weeks later, she had some outpatient treatments and special benefits in Indonesia. She incurred medical treatment giving a total patient bill of **IDR 1,252,050,000.**

Below is the Room Price List in Hospital A:

| Room Type | Price | Fixed Amount |
|---|---|---|
| Cheapest 1- bed-1-room with bathroom inside (Class 1) | 1,500,000 | 1,100,000 |
| VIP | 2,000,000 | |
| VVIP | 3,000,000 | |

Since the room type covered by the selected plan was not available at the time Annie was being hospitalized, therefore Annie was eligible to stay in one grade higher room (in this case, VIP room) for 2 days without having to pay the excess. Annie only had to pay the excess for the remaining 2 days. The claim incurred by Annie for the Room Benefit is detailed as follow:

**Room Benefit**

| Room Type | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Default as charged 2 days - one grade higher | 2 | 4,000,000 | 4,000,000 | - | 4,000,000 | 4,000,000 |
| Cheapest 1-Bed-1-Room with bathroom inside (Class 1) | 3 | 4,500,000 | 4,500,000 | - | 4,500,000 | 4,500,000 |
| One grade higher (VIP) | 2 | 4,000,000 | 3,000,000 | - | 3,000,000 | 3,000,000 |
| Two grades higher (VVIP) | - | - | - | - | - | - |
| Three grades higher | - | - | - | - | - | - |
| **Subtotal Room Benefit** | **7** | **12,500,000** | **11,500,000** | **-** | **11,500,000** | **11,500,000** |

**Given the claim details, the pro-ration factor can be calculated as follow:**



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$$\text{Proration factor} = \frac{(2\times2{,}000{,}000)+(5\times1{,}500{,}000)}{(2\times2{,}000{,}000)+(2\times2{,}000{,}000)+(3\times1{,}500{,}000)} = \frac{11{,}500{,}000}{12{,}500{,}000} = 0.92 = \mathbf{92\%}$$

**The claims paid by PLA are detailed as follow:**

**Inpatient & Surgical Treatments - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Intensive Care Unit (ICU) | | - | - | - | - | - |
| General Practitioner Visit | | 5,000,000 | 5,000,000 | - | 5,000,000 | 4,600,000 |
| Specialist Visit | | 10,000,000 | 10,000,000 | - | 10,000,000 | 9,200,000 |
| Operating Charge (Surgeon's, Theatre's, Anesthetist's, including organ transplantation for insured) | | 500,000,000 | 500,000,000 | - | 500,000,000 | 460,000,000 |
| Pre-hospitalization treatment | | 5,000,000 | 5,000,000 | - | 5,000,000 | 5,000,000 |
| Post-hospitalization | | 15,000,000 | 15,000,000 | - | 15,000,000 | 15,000,000 |
| Telehealth in Indonesia | | - | - | - | - | - |
| Telehealth for Cancer Treatment in Malaysia or Singapura | | - | - | - | - | - |
| Miscellaneous Expense | | 30,000,000 | 30,000,000 | - | 30,000,000 | 27,600,000 |
| Local Ambulance Service | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **565,000,000** | **565,000,000** | **-** | **565,000,000** | **521,400,000** |

**Inpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit per Day | Inner Limit Notes | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Lodging for Companion | 7 | 4,550,000 | 4,550,000 | - | 4,550,000 | 650,000 | per day | 4,550,000 |
| Daily Cash Benefit | | - | - | - | - | 1,000,000 | per day | - |
| **Subtotal Inner Limit Benefits** | | **4,550,000** | **4,550,000** | **-** | **4,550,000** | | | **4,550,000** |



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**Outpatient Treatments - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Emergency treatment for accidental injury (Incl. dental) | | - | - | - | - | - |
| Continued outpatient treatment for accidental injury | | - | - | - | - | - |
| Day Surgery | | - | - | - | - | - |
| Pre-Treatment of Day Surgery | | - | - | - | - | - |
| Post-Treatment of Day Surgery | | - | - | - | - | - |
| Outpatient Kidney Dialysis | | 300,000,000 | 300,000,000 | - | 300,000,000 | 300,000,000 |
| Outpatient Cancer Treatment | | - | - | - | - | - |
| Surveillance Benefit for Cancer | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **300,000,000** | **300,000,000** | **-** | **300,000,000** | **300,000,000** |

**Outpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit per Day | Inner Limit per Year | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Traditional Medical Treatment | | - | - | - | - | 1,000,000 | 15,000,000 | - |
| **Subtotal Inner Limit Benefits** | | - | - | **-** | - | | | - |

**Special Benefits - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Breast reconstruction surgery after mastectomy due to cancer or accident | | - | - | - | - | - |
| Face reconstruction due to cancer or accident | | - | - | - | - | - |
| Other Reconstruction Surgeries due to Cancer or Accident excluding Breast and Face Reconstruction | | - | - | - | - | - |
| Home Nursing Care | | 15,000,000 | 15,000,000 | - | 15,000,000 | 15,000,000 |
| Third Party Donor upon major organ transplant (including kidney, liver, heart, lungs, and bone narrow) | | 350,000,000 | 350,000,000 | - | 350,000,000 | 322,000,000 |
| Psychiatric and Psychological Care | | - | - | - | - | - |



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| | | | | | | |
|---|---|---|---|---|---|---|
| Physiotherapy, Occupational Therapy, or Speech Therapy for Inpatient | | 5,000,000 | 5,000,000 | - | 5,000,000 | 4,600,000 |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Outpatient | | - | - | - | - | - |
| Palliative Care | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **370,000,000** | **370,000,000** | **-** | **370,000,000** | **341,600,000** |

**Special Benefits - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| HIV/AIDS Benefit | | - | - | - | - | 15,000,000 | - |
| Funeral Benefit | | - | - | - | - | 15,000,000 | - |
| Marhamah Compensation Benefit (Syariah Only) | | - | - | - | - | 15,000,000 | - |
| **Subtotal Inner Limit Benefits** | | - | - | - | - | | - |

| | |
|---|---|
| **Total Claim Submitted** | **1,252,050,000** |
| **Total Claim Amount After Deductible** | **1,251,050,000** |
| **Total Claim Amount After Pro-rate (Total Claim Paid by PLA)** | **1,179,050,000** |
| **Total Claim Paid by Customer** | **73,000,000** |



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## Example 2 – If the entitled room based on the selected plan is unavailable – Deductible Applied

**Criteria:**

| Plan | Coverage Area | Room | Fixed Amount | Deductible | Room availability according to the Plan | Selected Room | Area of Treatment | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Inpatient & Surgical | Outpatient | Special Benefit |
| Silver B | Asia (Exclude JPN, HK, SG) | Cheapest 1-bed-1-room with bathroom inside | 1,100,000 | **5,000,000** | **Not Available** | **Upgrade to one-level-higher room** | Indonesia | Indonesia | Indonesia |

Sarah (35, FNS) who owned a **PRU**Prime Healthcare Plus Pro Policy with **Silver B** is being hospitalized for 7 days in Hospital A located in Indonesia due to Kidney Failure. According to the selected plan, she is entitled to the cheapest-1-bed-1-room with bathroom inside or Fixed Amount of IDR 1,100,000 as the covered room type. However, due to unavailability of that corresponding room type, she had to stay in one-level-higher room for the first 4 days and then moved to the room type which matches her plan for the rest of the day after the covered room type was available. Couple weeks later, she had some outpatient treatments and special benefits in Indonesia. She incurred medical treatment giving a total patient bill of IDR **1,252,050,000.**

Below is the Room Price List in Hospital A:

| Room Type | Price | Fixed Amount |
|---|---|---|
| Cheapest 1- bed-1-room with bathroom inside (Class 1) | 1,500,000 | 1,100,000 |
| VIP | 2,000,000 | |
| VVIP | 3,000,000 | |

Since the room type covered by the selected plan was not available at the time Sarah was being hospitalized, therefore Sarah was eligible to stay in one grade higher room (in this case, VIP room) for 2 days without having to pay the excess. Sarah only had to pay the excess for the remaining 2 days. The claim incurred by Sarah for the Room Benefit is detailed as follow:

**Room Benefit**

| Room Type | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Default as charged 2 days - one grade higher | 2 | 4,000,000 | 4,000,000 | - | 4,000,000 | 4,000,000 |
| Cheapest 1-Bed-1-Room with bathroom inside (Class 1) | 3 | 4,500,000 | 4,500,000 | - | 4,500,000 | 4,500,000 |
| One grade higher (VIP) | 2 | 4,000,000 | 3,000,000 | - | 3,000,000 | 3,000,000 |
| Two grades higher (VVIP) | - | - | - | - | - | - |
| Three grades higher | - | - | - | - | - | - |
| **Subtotal Room Benefit** | **7** | **12,500,000** | **11,500,000** | **-** | **11,500,000** | **11,500,000** |



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**The pro-ration does not apply to Room Benefit. In this case, deductible will not apply to Room and Board as it is the 11th priority based on the deductible priority table in section 3.3.6 (b).**

**Given the claim details, the pro-ration factor can be calculated as follow:**

$$\text{Proration factor} = \frac{(2\times2{,}000{,}000)+(5\times1{,}500{,}000)}{(2\times2{,}000{,}000)+(2\times2{,}000{,}000)+(3\times1{,}500{,}000)} = \frac{11{,}500{,}000}{12{,}500{,}000} = 0.92 = \mathbf{92}\%$$

The pro-ration applies to the as-charged inpatient benefits with details as follow:

**Inpatient & Surgical Treatments - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Intensive Care Unit (ICU) | | - | - | - | - | - |
| General Practitioner Visit | | 5,000,000 | 5,000,000 | - | 5,000,000 | 4,600,000 |
| Specialist Visit | | 10,000,000 | 10,000,000 | - | 10,000,000 | 9,200,000 |
| Operating Charge (Surgeon's, Theatre's, Anesthetist's, including organ transplantation for insured) | | 500,000,000 | 500,000,000 | - | 500,000,000 | 460,000,000 |
| Pre-hospitalization treatment | | 5,000,000 | 5,000,000 | - | 5,000,000 | 5,000,000 |
| Post-hospitalization | | 15,000,000 | 15,000,000 | - | 15,000,000 | 15,000,000 |
| Telehealth in Indonesia | | - | - | - | - | - |
| Telehealth for Cancer Treatment in Malaysia or Singapura | | - | - | - | - | - |
| Miscellaneous Expense | | 30,000,000 | 30,000,000 | 5,000,000 | 25,000,000 | 23,000,000 |
| Local Ambulance Service | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **565,000,000** | **565,000,000** | **5,000,000** | **560,000,000** | **516,800,000** |

**Based on the deductible priority table in section 3.3.6 (b), deductible will apply to Miscellaneous Expense (highlighted in blue).**

**Inpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit per Day | Inner Limit Notes | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Lodging for Companion | 7 | 4,550,000 | 4,550,000 | - | 4,550,000 | 650,000 | per day | 4,550,000 |
| Daily Cash Benefit | - | - | - | - | - | 1,000,000 | per day | - |
| **Subtotal Inner Limit Benefits** | 7 | **4,550,000** | **4,550,000** | **-** | **4,550,000** | | | **4,550,000** |



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**Outpatient Treatments - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Emergency treatment for accidental injury (Incl. dental) | | - | - | - | - | - |
| Continued outpatient treatment for accidental injury | | - | - | - | - | - |
| Day Surgery | | - | - | - | - | - |
| Pre-Treatment of Day Surgery | | - | - | - | - | - |
| Post-Treatment of Day Surgery | | - | - | - | - | - |
| Outpatient Kidney Dialysis | | 300,000,000 | 300,000,000 | - | 300,000,000 | 300,000,000 |
| Outpatient Cancer Treatment | | - | - | - | - | - |
| Surveillance Benefit for Cancer | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **300,000,000** | **300,000,000** | **-** | **300,000,000** | **300,000,000** |

**Outpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit per Day | Inner Limit per Year | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Traditional Medical Treatment | | - | - | - | - | 1,000,000 | 15,000,000 | - |
| **Subtotal Inner Limit Benefits** | | - | - | **-** | - | | | - |

**Special Benefits - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Breast reconstruction surgery after mastectomy due to cancer or accident | | - | - | - | - | - |
| Face reconstruction due to cancer or accident | | - | - | - | - | - |
| Other Reconstruction Surgeries due to Cancer or Accident excluding Breast and Face Reconstruction | | - | - | - | - | - |
| Home Nursing Care | | 15,000,000 | 15,000,000 | - | 15,000,000 | 15,000,000 |
| Third Party Donor upon major organ transplant (including kidney, liver, heart, lungs, and bone narrow) | | 350,000,000 | 350,000,000 | - | 350,000,000 | 322,000,000 |



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| | | | | | | |
|---|---|---|---|---|---|---|
| Psychiatric and Psychological Care | | - | - | - | - | - |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Inpatient | | 5,000,000 | 5,000,000 | - | 5,000,000 | 4,600,000 |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Outpatient | | - | - | - | - | - |
| Palliative Care | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **370,000,000** | **370,000,000** | **-** | **370,000,000** | **341,600,000** |

**Special Benefits - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| HIV/AIDS Benefit | | - | - | - | - | 15,000,000 | - |
| Funeral Benefit | | - | - | - | - | 15,000,000 | - |
| Marhamah Compensation Benefit (Syariah Only) | | - | - | - | - | 15,000,000 | - |
| **Subtotal Inner Limit Benefits** | | - | - | - | - | | - |

| | |
|---|---|
| **Total Claim Submitted** | **1,252,050,000** |
| **Total Claim Amount After Deductible** | **1,246,050,000** |
| **Total Claim Amount After Pro-rate (Total Claim Paid by PLA)** | **1,174,450,000** |
| **Total Claim Paid by Customer** | **77,600,000** |



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## Example 3 – If the Insured wants to stay in higher grade room since day 1 – Deductible Applied

**Criteria:**

| Plan | Coverage Area | Room | Fixed Amount | Deductible | Room availability according to the Plan | Selected Room | Area of Treatment | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Inpatient & Surgical | Outpatient | Special Benefit |
| Silver B | Asia (Excl JPN, HK, SG) | Cheapest 1-bed-1-room with bathroom inside | 1,100,000 | **5,000,000** | **Available** | **Upgrade to one-level-higher room** | Indonesia | Indonesia | Indonesia |

Jackson (30, MS) who owned a **PRU**Prime Healthcare Plus Pro policy with **Silver B** is being hospitalized for 7 days in Hospital A located in Indonesia due to Kidney Failure. According to the selected plan, he is entitled to the cheapest-1-bed-1-room with bathroom inside or Fixed Amount of IDR 1,100,000 as the covered room type. Although the covered room type was available for Jackson to stay, he decided to upgrade his room type to one-level-higher than his entitled room type. Couple weeks later, he had some outpatient treatments and special benefits in Indonesia. He incurred medical treatment giving a total patient bill of **IDR 1,253,550,000.**

Below is the Room Price List in Hospital A:

| Room Type | Price | Fixed Amount |
|---|---|---|
| Cheapest 1- bed-1-room with bathroom inside (Class 1) | 1,500,000 | 1,100,000 |
| VIP | 2,000,000 | |
| VVIP | 3,000,000 | |

Since the covered room was available for Jackson but he decided to stay in one-level-higher room instead (in this case, VIP room), therefore Jackson was not eligible to receive a 2-day-non-prorated room and he must pay all the room excess himself. The claim incurred by Jackson for the Room Benefit is detailed as follow:

**Room Benefit**

| Room Type | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Default as charged 2 days - one grade higher | - | - | - | - | - | - |
| Cheapest 1-Bed-1-Room with bathroom inside (Class 1) | - | - | - | - | - | - |
| One grade higher (VIP) | 7 | 14,000,000 | 10,500,000 | - | 10,500,000 | 10,500,000 |
| Two grades higher (VVIP) | - | - | - | - | - | - |
| Three grades higher | - | - | - | - | - | - |
| **Subtotal Room Benefit** | **7** | **14,000,000** | **10,500,000** | **-** | **10,500,000** | **10,500,000** |

**The pro-ration does not apply to Room Benefit. In this case, deductible will not apply to Room and Board as it is the 11th priority based on the deductible priority table in section 3.3.6 (b).**



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**Given the claim details, the pro-ration factor can be calculated as follow:**

$$\text{Proration factor} = \frac{(7\times1{,}500{,}000)}{(7\times2{,}000{,}000)} = \frac{10{,}500{,}000}{14{,}000{,}000} = 0.75 = \mathbf{75}\%$$

**The claims paid by PLA are detailed as follow:**

**Inpatient & Surgical Treatments - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Intensive Care Unit (ICU) | | - | - | - | - | - |
| General Practitioner Visit | | 5,000,000 | 5,000,000 | - | 5,000,000 | 3,750,000 |
| Specialist Visit | | 10,000,000 | 10,000,000 | - | 10,000,000 | 7,500,000 |
| Operating Charge (Surgeon's, Theatre's, Anesthetist's, including organ transplantation for insured) | | 500,000,000 | 500,000,000 | - | 500,000,000 | 375,000,000 |
| Pre-hospitalization treatment | | 5,000,000 | 5,000,000 | - | 5,000,000 | 5,000,000 |
| Post-hospitalization | | 15,000,000 | 15,000,000 | - | 15,000,000 | 15,000,000 |
| Telehealth in Indonesia | | - | - | - | - | - |
| Telehealth for Cancer Treatment in Malaysia or Singapura | | - | - | - | - | - |
| Miscellaneous Expense | | 30,000,000 | 30,000,000 | 5,000,000 | 25,000,000 | 18,750,000 |
| Local Ambulance Service | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **565,000,000** | **565,000,000** | **5,000,000** | **560,000,000** | **425,000,000** |

**Based on the deductible priority table in section 3.3.6 (b), deductible will apply to Miscellaneous Expense (highlighted in blue).**

**Inpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit per Day | Inner Limit Notes | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Lodging for Companion | 7 | 4,550,000 | 4,550,000 | - | 4,550,000 | 650,000 | per day | 4,550,000 |
| Daily Cash Benefit | - | - | - | - | - | 1,000,000 | per day | - |
| **Subtotal Inner Limit Benefits** | **7** | **4,550,000** | **4,550,000** | **-** | **4,550,000** | | | **4,550,000** |



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**Outpatient Treatments - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Emergency treatment for accidental injury (Incl. dental) | | - | - | - | - | - |
| Continued outpatient treatment for accidental injury | | - | - | - | - | - |
| Day Surgery | | - | - | - | - | - |
| Pre-Treatment of Day Surgery | | - | - | - | - | - |
| Post-Treatment of Day Surgery | | - | - | - | - | - |
| Outpatient Kidney Dialysis | | 300,000,000 | 300,000,000 | - | 300,000,000 | 300,000,000 |
| Outpatient Cancer Treatment | | - | - | - | - | - |
| Surveillance Benefit for Cancer | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **300,000,000** | **300,000,000** | **-** | **300,000,000** | **300,000,000** |

**Outpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit per Day | Inner Limit per Year | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Traditional Medical Treatment | | - | - | - | - | 1,000,000 | 15,000,000 | - |
| **Subtotal Inner Limit Benefits** | | - | - | - | - | | | - |

**Special Benefits - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Breast reconstruction surgery after mastectomy due to cancer or accident | | - | - | - | - | - |
| Face reconstruction due to cancer or accident | | - | - | - | - | - |
| Other Reconstruction Surgeries due to Cancer or Accident excluding Breast and Face Reconstruction | | - | - | - | - | - |
| Home Nursing Care | | 15,000,000 | 15,000,000 | - | 15,000,000 | 15,000,000 |
| Third Party Donor upon major organ transplant (including kidney, liver, heart, lungs, and bone narrow) | | 350,000,000 | 350,000,000 | - | 350,000,000 | 262,500,000 |
| Psychiatric and Psychological Care | | - | - | - | - | - |



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| | | | | | | |
|---|---|---|---|---|---|---|
| Physiotherapy, Occupational Therapy, or Speech Therapy for Inpatient | | 5,000,000 | 5,000,000 | - | 5,000,000 | 3,750,000 |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Outpatient | | - | - | - | - | - |
| Palliative Care | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **370,000,000** | **370,000,000** | **-** | **370,000,000** | **281,250,000** |

**Special Benefits - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| HIV/AIDS Benefit | | - | - | - | - | 15,000,000 | - |
| Funeral Benefit | | - | - | - | - | 15,000,000 | - |
| Marhamah Compensation Benefit (Syariah Only) | | - | - | - | - | 15,000,000 | - |
| **Subtotal Inner Limit Benefits** | | - | - | - | - | | - |

| | |
|---|---|
| **Total Claim Submitted** | **1,253,550,000** |
| **Total Claim Amount After Deductible** | **1,245,050,000** |
| **Total Claim Amount After Pro-rate (Total Claim Paid by PLA)** | **1,021,300,000** |
| **Total Claim Paid by Customer** | **232,250,000** |



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## Example 4 – Eligibility to upgrade the room type up to chosen fixed amount– Deductible Applied

**Criteria:**

| Plan | Coverage Area | Room | Fixed Amount | Deductible | Room availability according to the Plan | Selected Room | Area of Treatment | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Inpatient & Surgical | Outpatient | Special Benefit |
| Silver B | Asia (Exclude JPN, HK, SG) | Cheapest 1-bed-1-room with bathroom inside | 1,100,000 | **5,000,000** | **Available** | **Upgrade to one-level-higher room** | Indonesia | Indonesia | Indonesia |

Andre (30, MS) who owned a **PRU**Prime Healthcare Plus Pro Policy with **Silver B** is being hospitalized for 7 days in **Hospital B** located in Indonesia due to Kidney Failure. According to the selected plan, he is entitled to the cheapest-1-bed-1-room with bathroom inside or Fixed Amount of IDR 1,100,000 as the covered room type. Couple weeks later, he had some outpatient treatments and special benefits in Indonesia. He incurred medical treatment giving a total patient bill of **IDR 1,246,550,000.**

Below is the Room Price List in Hospital B:

| Room Type | Price | Fixed Amount |
|---|---|---|
| Cheapest 1- bed-1-room with bathroom inside (Class 1) | 500,000 | 1,100,000 |
| VIP | 750,000 | |
| VVIP | 1,000,000 | |

Since the room price of the cheapest-1-bed-room in Hospital B (IDR 500,000) is lower than the fixed amount (IDR 1,100,000), therefore Andre is eligible to upgrade his room type up to two-higher-level (in this case, VVIP room). The claim incurred by Andre for the Room Benefit is detailed as follow:

**Room Benefit**

| Room Type | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Default as charged 2 days - one grade higher | - | - | - | - | - | - |
| Cheapest 1-Bed-1-Room with bathroom inside (Class 1) | - | - | - | - | - | - |
| One grade higher (VIP) | - | - | - | - | - | - |
| Two grades higher (VVIP) | 7 | 7,000,000 | 7,000,000 | - | 7,000,000 | 7,000,000 |
| Three grades higher | - | - | - | - | - | - |
| **Subtotal Room Benefit** | **7** | **7,000,000** | **7,000,000** | **-** | **7,000,000** | **7,000,000** |

**In this case, deductible will not apply to Room and Board as it is the 11th priority based on the deductible priority table in section 3.3.6 (b).**



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**Given the claim details, the pro-ration factor can be calculated as follow:**

$$\text{Proration factor} = \frac{(7\times1000{,}000)}{(7\times1{,}000{,}000)} = \frac{7{,}000{,}000}{7{,}000{,}000} = 1 = \mathbf{100}\%$$

The pro-ration applies to the as-charged inpatient benefits with details as follow:

**Inpatient & Surgical Treatments - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Intensive Care Unit (ICU) | | - | - | - | - | - |
| General Practitioner Visit | | 5,000,000 | 5,000,000 | - | 5,000,000 | 5,000,000 |
| Specialist Visit | | 10,000,000 | 10,000,000 | - | 10,000,000 | 10,000,000 |
| Operating Charge (Surgeon's, Theatre's, Anesthetist's, including organ transplantation for insured) | | 500,000,000 | 500,000,000 | - | 500,000,000 | 500,000,000 |
| Pre-hospitalization treatment | | 5,000,000 | 5,000,000 | - | 5,000,000 | 5,000,000 |
| Post-hospitalization | | 15,000,000 | 15,000,000 | - | 15,000,000 | 15,000,000 |
| Telehealth in Indonesia | | - | - | - | - | - |
| Telehealth for Cancer Treatment in Malaysia or Singapura | | - | - | - | - | - |
| Miscellaneous Expense | | 30,000,000 | 30,000,000 | 5,000,000 | 25,000,000 | 25,000,000 |
| Local Ambulance Service | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **565,000,000** | **565,000,000** | **5,000,000** | **560,000,000** | **560,000,000** |

**Based on the deductible priority table in section 3.3.6 (b), deductible will apply to Miscellaneous Expense (highlighted in blue).**

**Inpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit per Day | Inner Limit Notes | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Lodging for Companion | 7 | 4,550,000 | 4,550,000 | - | 4,550,000 | 650,000 | per day | 4,550,000 |
| Daily Cash Benefit | - | - | - | - | - | 1,000,000 | per day | - |
| **Subtotal Inner Limit Benefits** | 7 | **4,550,000** | **4,550,000** | **-** | **4,550,000** | | | **4,550,000** |



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**Outpatient Treatments - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Emergency treatment for accidental injury (Incl. dental) | | - | - | - | - | - |
| Continued outpatient treatment for accidental injury | | - | - | - | - | - |
| Day Surgery | | - | - | - | - | - |
| Pre-Treatment of Day Surgery | | - | - | - | - | - |
| Post-Treatment of Day Surgery | | - | - | - | - | - |
| Outpatient Kidney Dialysis | | 300,000,000 | 300,000,000 | - | 300,000,000 | 300,000,000 |
| Outpatient Cancer Treatment | | - | - | - | - | - |
| Surveillance Benefit for Cancer | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **300,000,000** | **-** | **-** | **300,000,000** | **300,000,000** |

**Outpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit per Day | Inner Limit per Year | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Traditional Medical Treatment | | - | - | - | - | 1,000,000 | 15,000,000 | - |
| **Subtotal Inner Limit Benefits** | | - | - | **-** | - | | | - |

**Special Benefits - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Breast reconstruction surgery after mastectomy due to cancer or accident | | - | - | - | - | - |
| Face reconstruction due to cancer or accident | | - | - | - | - | - |
| Other Reconstruction Surgeries due to Cancer or Accident excluding Breast and Face Reconstruction | | - | - | - | - | - |
| Home Nursing Care | | 15,000,000 | 15,000,000 | - | 15,000,000 | 15,000,000 |
| Third Party Donor upon major organ transplant (including kidney, liver, heart, lungs, and bone narrow) | | 350,000,000 | 350,000,000 | - | 350,000,000 | 350,000,000 |
| Psychiatric and Psychological Care | | - | - | - | - | - |



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| | | | | | | |
|---|---|---|---|---|---|---|
| Physiotherapy, Occupational Therapy, or Speech Therapy for Inpatient | | 5,000,000 | 5,000,000 | - | 5,000,000 | 5,000,000 |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Outpatient | | - | - | - | - | - |
| Palliative Care | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **370,000,000** | **370,000,000** | **-** | **370,000,000** | **370,000,000** |

**Special Benefits - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| HIV/AIDS Benefit | | - | - | - | - | 15,000,000 | - |
| Funeral Benefit | | - | - | - | - | 15,000,000 | - |
| Marhamah Compensation Benefit (Syariah only) | | - | - | - | - | 15,000,000 | - |
| **Subtotal Inner Limit Benefits** | | - | - | - | - | | - |

| | |
|---|---|
| **Total Claim Submitted** | **1,246,550,000** |
| **Total Claim Amount After Deductible** | **1,241,550,000** |
| **Total Claim Amount After Pro-rate (Total Claim Paid by PLA)** | **1,241,550,000** |
| **Total Claim Paid by Customer** | **5,000,000** |



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## Example 5 – Pro-ration outside of coverage area with room according to the plan– Deductible Applied

**Criteria:**

| Plan | Coverage Area | Room | Fixed Amount | Deductible | Room availability according to the Plan | Selected Room | Area of Treatment | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Inpatient & Surgical | Outpatient | Special Benefit |
| Silver B | **Asia (Excl. JPN, HK, SG)** | Cheapest 1-bed-1-room with bathroom inside | 1,100,000 | **5,000,000** | Available | **Cheapest 1-bed-1-room with bathroom inside** | **Singapore** | **Singapore** | **Singapore** |

Nadya (30, FS) who owned a **PRU**Prime Healthcare Plus Pro Policy with **Silver B** is being hospitalized for 7 days in **Hospital A** located in Singapore due to Kidney Failure. According to her plan, she was not eligible to undergo medical treatment in Singapore, but as per Doctor's recommendation, she had to take medical treatment in Singapore. Couple weeks later, she had some outpatient treatments and special benefits in Singapore. She incurred medical treatment giving a total patient bill of **IDR 2,577,000,000.**

Below is the Room Price List in Hospital A:

| Room Type | Price | Fixed Amount |
|---|---|---|
| Cheapest 1- bed-1-room with bathroom inside (Class 1) | 5,000,000 | 1,100,000 |
| VIP | 7,500,000 | |
| VVIP | 12,000,000 | |

Since the hospitalization is performed outside of coverage area, the medical expense was subject to pro-ration in accordance with table of percentage below:

| Treatment in | Plan Type | | | | |
|---|---|---|---|---|---|
| | Indonesia | Asia excl SG, JPN, HK | Asia | Worldwide excl US | Worldwide |
| Indonesia | 100% | 100% | 100% | 100% | 100% |
| Asia, excl SG, JPN, HK | 50% | 100% | 100% | 100% | 100% |
| SG, JPN, HK | 15% | 30% | 100% | 100% | 100% |
| Worldwide excl US | 10% | 15% | 60% | 100% | 100% |
| Worldwide | 5% | 10% | 40% | 60% | 100% |



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$$\text{Proration room type} = \frac{(7\times5{,}000{,}000)}{(7\times5{,}000{,}000)} = \frac{35{,}000{,}000}{35{,}000{,}000} = 1 = \mathbf{100\%}$$

**Proration coverage area = $30\%$**
**Final proration factor for Inpatient benefit= $100\% \times 30\% = 30\%$**
**Final proration factor for Outpatient benefit and Special benefit = 30%**

The claim incurred by Nadya for the Room Benefit is detailed as follow:

**Room Benefit**

| Room Type | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Default as charged 2 days - one grade higher | - | - | - | - | - | - |
| Cheapest 1-Bed-1-Room with bathroom inside (Class 1) | 7 | 35,000,000 | 35,000,000 | - | 35,000,000 | 10,500,000 |
| One grade higher (VIP) | - | - | - | - | - | - |
| Two grades higher (VVIP) | - | - | - | - | - | - |
| Three grades higher | - | - | - | - | - | - |
| **Subtotal Room Benefit** | **7** | **35,000,000** | **35,000,000** | **-** | **35,000,000** | **10,500,000** |

**In this case, deductible will not apply to Room and Board as it is the 11th priority based on the deductible priority table in section 3.3.6 (b).**
**Given the claim details, the pro-ration factor can be calculated as follow:**

**The claims paid by PLA are detailed as follow:**

**Inpatient & Surgical Treatments - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Intensive Care Unit (ICU) | | - | - | - | - | - |
| General Practitioner Visit | | 15,000,000 | 15,000,000 | - | 15,000,000 | 4,500,000 |
| Specialist Visit | | 20,000,000 | 20,000,000 | - | 20,000,000 | 6,000,000 |
| Operating Charge (Surgeon's, Theatre's, Anesthetist's, including organ transplantation for insured) | | 800,000,000 | 800,000,000 | - | 800,000,000 | 240,000,000 |
| Pre-hospitalization treatment | | 15,000,000 | 15,000,000 | - | 15,000,000 | 4,500,000 |
| Post-hospitalization | | 25,000,000 | 25,000,000 | - | 25,000,000 | 7,500,000 |
| Telehealth in Indonesia | | - | - | - | - | - |



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| | | | | | | |
|---|---|---|---|---|---|---|
| Telehealth for Cancer Treatment in Malaysia or Singapura | | - | - | - | - | - |
| Miscellaneous Expense | | 60,000,000 | 60,000,000 | 5,000,000 | 55,000,000 | 16,500,000 |
| Local Ambulance Service | | - | - | - | - | - |
| **Subtotal As Charged Benefits** | | **935,000,000** | **935,000,000** | **5,000,000** | **930,000,000** | **279,000,000** |

**Based on the deductible priority table in section 3.3.6 (b), deductible will apply to Miscellaneous Expense (highlighted in blue).**

**Inpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit per Day | Inner Limit Notes | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Lodging for Companion | 7 | 7,000,000 | 4,550,000 | - | 4,550,000 | 650,000 | per day | 4,550,000 |
| Daily Cash Benefit | - | - | - | - | - | 1,000,000 | per day | - |
| **Subtotal Inner Limit Benefits** | 7 | **7,000,000** | **4,550,000** | **-** | **4,550,000** | | | **4,550,000** |

**Outpatient Treatments - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Emergency treatment for accidental injury (Incl. dental) | | - | - | - | - | - |
| Continued outpatient treatment for accidental injury | | - | - | - | - | - |
| Day Surgery | | - | - | - | - | - |
| Pre-Treatment of Day Surgery | | - | - | - | - | - |
| Post-Treatment of Day Surgery | | - | - | - | - | - |
| Outpatient Kidney Dialysis | | 750,000,000 | 750,000,000 | - | 750,000,000 | 225,000,000 |
| Outpatient Cancer Treatment | | - | - | - | - | - |
| Surveillance Benefit for Cancer | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **750,000,000** | **750,000,000** | **-** | **750,000,000** | **225,000,000** |

**Outpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit per Day | Inner Limit per Year | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Traditional Medical Treatment | | - | - | - | - | 1,000,000 | 15,000,000 | - |



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| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Subtotal Inner Limit Benefits** | | - | - | - | - | | | - |

**Special Benefits - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Breast reconstruction surgery after mastectomy due to cancer or accident | | - | - | - | - | - |
| Face reconstruction due to cancer or accident | | - | - | - | - | - |
| Other Reconstruction Surgeries due to Cancer or Accident excluding Breast and Face Reconstruction | | - | - | - | - | - |
| Home Nursing Care | | 35,000,000 | 35,000,000 | - | 35,000,000 | 10,500,000 |
| Third Party Donor upon major organ transplant (including kidney, liver, heart, lungs, and bone narrow) | | 800,000,000 | 800,000,000 | - | 800,000,000 | 240,000,000 |
| Psychiatric and Psychological Care | | - | - | - | - | - |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Inpatient | | 15,000,000 | 15,000,000 | - | 15,000,000 | 4,500,000 |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Outpatient | | - | - | - | - | - |
| Palliative Care | | - | - | - | - | - |
| **Subtotal As Charged Benefits** | | **850,000,000** | **850,000,000** | **-** | **850,000,000** | **255,000,000** |

**Special Benefits - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| HIV/AIDS Benefit | | - | - | - | - | 15,000,000 | - |
| Funeral Benefit | | - | - | - | - | 15,000,000 | - |
| Marhamah Compensation Benefit (Syariah Only) | | - | - | - | - | 15,000,000 | - |
| **Subtotal Inner Limit Benefits** | | - | - | - | - | | - |

| | |
|---|---|
| **Total Claim Submitted** | **2,577,000,000** |
| **Total Claim Amount After Deductible** | **2,569,550,000** |
| **Total Claim Amount After Pro-rate (Total Claim Paid by PLA)** | **774,050,000** |
| **Total Claim Paid by Customer** | **1,802,950,000** |



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## Example 6 – Pro-ration outside of coverage area with higher room grade– Deductible Applied

**Criteria:**

| Plan | Coverage Area | Room | Fixed Amount | Deductible | Room availability according to the Plan | Selected Room | Area of Treatment | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Inpatient & Surgical | Outpatient | Special Benefit |
| Silver B | **Asia (Excl JPN, HK, SG)** | Cheapest 1-bed-1-room with bathroom inside | 1,100,000 | 5,000,000 | **Available** | **Upgrade to two-level-higher room** | **Singapore** | **Singapore** | **Singapore** |

Sinta (30, FS) who owned a **PRU**Prime Healthcare Plus Pro Policy with **Silver B** is being hospitalized for 7 days in **Hospital A** located in Singapore due to Kidney Failure. According to her plan, she was not eligible to undergo medical treatment in Singapore, but as per Doctor's recommendation, she had to take medical treatment in Singapore. Although the covered room type was available for Sinta to stay, she decided to upgrade his room type to two-level-higher than her entitled room type. Couple weeks later, she had some special benefits in Singapore. She incurred medical treatment giving a total patient bill of **IDR 2,626,000,000.**

Below is the Room Price List in Hospital A:

| Room Type | Price | Fixed Amount |
|---|---|---|
| Cheapest 1- bed-1-room with bathroom inside (Class 1) | 5,000,000 | 1,100,000 |
| VIP | 7,500,000 | |
| VVIP | 12,000,000 | |

Since the hospitalization is performed outside of coverage area, the medical expense was subject to pro-ration in accordance with table of percentage below:

| Treatment in | Plan Type | | | | |
|---|---|---|---|---|---|
| | Indonesia | Asia excl SG, JPN, HK | Asia | Worldwide excl US | Worldwide |
| Indonesia | 100% | 100% | 100% | 100% | 100% |
| Asia, excl SG, JPN, HK | 50% | 100% | 100% | 100% | 100% |
| SG, JPN, HK | 15% | 30% | 100% | 100% | 100% |
| Worldwide excl US | 10% | 15% | 60% | 100% | 100% |
| Worldwide | 5% | 10% | 40% | 60% | 100% |

$$\text{Proration room type} = \frac{(7 \times 5{,}000{,}000)}{(7 \times 12{,}000{,}000)} = \frac{35{,}000{,}000}{84{,}000{,}000} = 0.42 = \mathbf{42\%}$$

**Proration coverage area = $\mathbf{30\%}$**



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**Final proration factor for Inpatient benefit = $42\% \times 30\% = 12.6\%$**
**Final proration factor for Outpatient benefit and Special benefit = 30%**

Since the covered room was available for Sinta, but he decided to stay in two-level-higher room instead (in this case, VVIP room), therefore Sinta must pay all the room excess herself. The claim incurred by Sinta for the Room Benefit is detailed as follow:

**Room Benefit**

| Room Type | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Default as charged 2 days - one grade higher | - | - | - | - | - | - |
| Cheapest 1-Bed-1-Room with bathroom inside (Class 1) | - | - | - | - | - | - |
| One grade higher (VIP) | - | - | - | - | - | - |
| Two grades higher (VVIP) | 7 | 84,000,000 | 35,000,000 | - | 35,000,000 | 10,500,000 |
| Three grades higher | - | - | - | - | - | - |
| **Subtotal Room Benefit** | **7** | **84,000,000** | 35,000,000 | **-** | 35,000,000 | **10,500,000** |

**In this case, deductible will not apply to Room and Board as it is the 11th priority based on the deductible priority table in section 3.3.6 (b).**

**The claims paid by PLA are detailed as follow:**

**Inpatient & Surgical Treatments - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Intensive Care Unit (ICU) | | - | - | - | - | - |
| General Practitioner Visit | | 15,000,000 | 15,000,000 | - | 15,000,000 | 1,890,000 |
| Specialist Visit | | 20,000,000 | 20,000,000 | - | 20,000,000 | 2,520,000 |
| Operating Charge (Surgeon's, Theatre's, Anesthetist's, including organ transplantation for insured) | | 800,000,000 | 800,000,000 | - | 800,000,000 | 100,800,000 |
| Pre-hospitalization treatment | | 15,000,000 | 15,000,000 | - | 15,000,000 | 4,500,000 |
| Post-hospitalization | | 25,000,000 | 25,000,000 | - | 25,000,000 | 7,500,000 |
| Telehealth in Indonesia | | - | - | - | - | - |
| Telehealth for Cancer Treatment in Malaysia or Singapura | | - | - | - | - | - |
| Miscellaneous Expense | | 60,000,000 | 60,000,000 | 5,000,000 | 55,000,000 | 6,930,000 |
| Local Ambulance Service | | - | - | - | - | - |



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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Subtotal As-Charged Benefits** | | **935,000,000** | **935,000,000** | **5,000,000** | **930,000,000** | **124,140,000** | |

**Based on the deductible priority table in section 3.3.6 (b), deductible will apply to Miscellaneous Expense (highlighted in blue).**

**Inpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit per Day | Inner Limit Notes | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Companion Expenses | 7 | 7,000,000 | 4,550,000 | - | 4,550,000 | 650,000 | per day | 4,550,000 |
| Daily Cash Benefit | - | - | - | - | - | 1,000,000 | per day | - |
| **Subtotal Inner Limit Benefits** | 7 | **7,000,000** | **4,550,000** | **-** | **4,550,000** | | | **4,550,000** |

**Outpatient Treatments - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Emergency treatment for accidental injury (Incl. dental) | | - | - | - | - | - |
| Continued outpatient treatment for accidental injury | | - | - | - | - | - |
| Day Surgery | | - | - | - | - | - |
| Pre-Treatment of Day Surgery | | - | - | - | - | - |
| Post-Treatment of Day Surgery | | - | - | - | - | - |
| Outpatient Kidney Dialysis | | 750,000,000 | 750,000,000 | - | 750,000,000 | 225,000,000 |
| Outpatient Cancer Treatment | | - | - | - | - | - |
| Surveillance Benefit for Cancer | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **750,000,000** | **750,000,000** | **-** | **750,000,000** | **225,000,000** |

**Outpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit per Day | Inner Limit per Year | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Traditional Medical Treatment | | - | - | - | - | 1,000,000 | 15,000,000 | - |
| **Subtotal Inner Limit Benefits** | | - | - | **-** | - | | | - |

**Special Benefits - As Charged Benefits**



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| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Breast reconstruction surgery after mastectomy due to cancer or accident | | - | - | - | - | - |
| Face reconstruction due to cancer or accident | | - | - | - | - | - |
| Other Reconstruction Surgeries due to Cancer or Accident excluding Breast and Face Reconstruction | | - | - | - | - | - |
| Home Nursing Care | | 35,000,000 | 35,000,000 | - | 35,000,000 | 10,500,000 |
| Third Party Donor upon major organ transplant (including kidney, liver, heart, lungs, and bone narrow) | | 800,000,000 | 800,000,000 | - | 800,000,000 | 100,800,000 |
| Psychiatric and Psychological Care | | - | - | - | - | - |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Inpatient | | 15,000,000 | 15,000,000 | - | 15,000,000 | 1,890,000 |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Outpatient | | - | - | - | - | - |
| Palliative Care | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **850,000,000** | **850,000,000** | **-** | **850,000,000** | **113,190,000** |

**Special Benefits - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| HIV/AIDS Benefit | | - | - | - | - | 15,000,000 | - |
| Funeral Benefit | | - | - | - | - | 15,000,000 | - |
| Marhamah Compensation Benefit (Syariah Only) | | - | - | - | - | 15,000,000 | - |
| **Subtotal Inner Limit Benefits** | | - | - | - | - | | - |

| | |
|---|---|
| **Total Claim Submitted** | **2,626,000,000** |
| **Total Claim Amount After Deductible** | **2,569,550,000** |
| **Total Claim Amount After Pro-rate (Total Claim Paid by PLA)** | **477,380,000** |
| **Total Claim Paid by Customer** | **2,148,620,000** |



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## Example 7 – Combination of area of treatment case 1 – Deductible Applied

**Criteria:**

| Plan | Coverage Area | Room | Fixed Amount | Deductible | Room availability according to the Plan | Selected Room | Area of Treatment | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Inpatient & Surgical | Outpatient | Special Benefit |
| Silver B | **Asia (Excl JPN, HK, SG)** | Cheapest 1-bed-1-room with bathroom inside | 1,100,000 | 5,000,000 | Available | **Cheapest 1-bed-1-room with bathroom inside** | **Singapore** | **Indonesia** | **Indonesia** |

Donny (30, MS) who owned a **PRU**Prime Healthcare Plus Pro Policy with **Silver B** is being hospitalized for 7 days in **Hospital A** located in Singapore due to Kidney Failure. According to his plan, he was not eligible to undergo medical treatment in Singapore, but as per Doctor's recommendation, he had to take medical treatment in Singapore. Couple weeks later, he had some outpatient treatments and special benefits in Indonesia. He incurred medical treatment giving a total patient bill of **IDR 2,577,000,000.**

Below is the Room Price List in Hospital A:

| Room Type | Price | Fixed Amount |
|---|---|---|
| Cheapest 1- bed-1-room with bathroom inside (Class 1) | 5,000,000 | 1,100,000 |
| VIP | 7,500,000 | |
| VVIP | 12,000,000 | |

Since the hospitalization is performed outside of coverage area, the medical expense was subject to the pro-ration in accordance with table of percentage below:

| Treatment in | Plan Type | | | | |
|---|---|---|---|---|---|
| | Indonesia | Asia excl SG, JPN, HK | Asia | Worldwide excl US | Worldwide |
| Indonesia | 100% | 100% | 100% | 100% | 100% |
| Asia, excl SG, JPN, HK | 50% | 100% | 100% | 100% | 100% |
| SG, JPN, HK | 15% | 30% | 100% | 100% | 100% |
| Worldwide excl US | 10% | 15% | 60% | 100% | 100% |
| Worldwide | 5% | 10% | 40% | 60% | 100% |



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$$\text{Proration room type} = \frac{(7 \times 5{,}000{,}000)}{(7 \times 5{,}000{,}000)} = \frac{35{,}000{,}000}{35{,}000{,}000} = 1 = \mathbf{100\%}$$

**Proration coverage area = 30% for Inpatient Benefit; 100% for Outpatient Benefit and Special Benefits**
**Final proration factor for Inpatient benefit= $100\% \times 30\% = 30\%$**
**Final proration factor for Outpatient benefit and Special benefit = 100% (performed inside of coverage area)**

The claim incurred by Donny for the Room Benefit is detailed as follow:

**Room Benefit**

| Room Type | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Default as charged 2 days - one grade higher | - | - | - | - | - | - |
| Cheapest 1-Bed-1-Room with bathroom inside (Class 1) | 7 | 35,000,000 | 35,000,000 | - | 35,000,000 | 10,500,000 |
| One grade higher (VIP) | - | - | - | - | - | - |
| Two grades higher (VVIP) | - | - | - | - | - | - |
| Three grades higher | - | - | - | - | - | - |
| **Subtotal Room Benefit** | **7** | **35,000,000** | **35,000,000** | **-** | **35,000,000** | **10,500,000** |

**In this case, deductible will not apply to Room and Board as it is the 11th priority based on the deductible priority table in section 3.3.6 (b). Given the claim details, the pro-ration factor can be calculated as follow:**

**The claims paid by PLA are detailed as follow:**

**Inpatient & Surgical Treatments - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Intensive Care Unit (ICU) | | - | - | - | - | - |
| General Practitioner Visit | | 15,000,000 | 15,000,000 | - | 15,000,000 | 4,500,000 |
| Specialist Visit | | 20,000,000 | 20,000,000 | - | 20,000,000 | 6,000,000 |
| Operating Charge (Surgeon's, Theatre's, Anesthetist's, including organ transplantation for insured) | | 800,000,000 | 800,000,000 | - | 800,000,000 | 240,000,000 |
| Pre-hospitalization treatment | | 15,000,000 | 15,000,000 | - | 15,000,000 | 4,500,000 |
| Post-hospitalization | | 25,000,000 | 25,000,000 | - | 25,000,000 | 7,500,000 |
| Telehealth in Indonesia | | - | - | - | - | - |



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| | | | | | | |
|---|---|---|---|---|---|---|
| Telehealth for Cancer Treatment in Malaysia or Singapura | | - | - | - | - | - |
| Miscellaneous Expense | | 60,000,000 | 60,000,000 | 5,000,000 | 55,000,000 | 16,500,000 |
| Local Ambulance Service | | - | - | - | - | - |
| **Subtotal As Charged Benefits** | | **935,000,000** | **935,000,000** | **5,000,000** | **930,000,000** | **279,000,000** |

**Based on the deductible priority table in section 3.3.6 (b), deductible will apply to Miscellaneous Expense (highlighted in blue).**

**Inpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit per Day | Inner Limit Notes | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Lodging for Companion | 7 | 7,000,000 | 4,550,000 | - | 4,550,000 | 650,000 | per day | 4,550,000 |
| Daily Cash Benefit | - | - | - | - | - | 1,000,000 | per day | - |
| **Subtotal Inner Limit Benefits** | 7 | **7,000,000** | **4,550,000** | **-** | **4,550,000** | | | **4,550,000** |

**Outpatient Treatments - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Emergency treatment for accidental injury (Incl. dental) | | - | - | - | - | - |
| Continued outpatient treatment for accidental injury | | - | - | - | - | - |
| Day Surgery | | - | - | - | - | - |
| Pre-Treatment of Day Surgery | | - | - | - | - | - |
| Post-Treatment of Day Surgery | | - | - | - | - | - |
| Outpatient Kidney Dialysis | | 750,000,000 | 750,000,000 | - | 750,000,000 | 750,000,000 |
| Outpatient Cancer Treatment | | - | - | - | - | - |
| Surveillance Benefit for Cancer | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **750,000,000** | **750,000,000** | **-** | **750,000,000** | **750,000,000** |



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**Special Benefits - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Breast reconstruction surgery after mastectomy due to cancer or accident | | - | - | - | - | - |
| Face reconstruction due to cancer or accident | | - | - | - | - | - |
| Other Reconstruction Surgeries due to Cancer or Accident excluding Breast and Face Reconstruction | | - | - | - | - | - |
| Home Nursing Care | | 35,000,000 | 35,000,000 | - | 35,000,000 | 35,000,000 |
| Third Party Donor upon major organ transplant (including kidney, liver, heart, lungs, and bone narrow) | | 800,000,000 | 800,000,000 | - | 800,000,000 | 800,000,000 |
| Psychiatric and Psychological Care | | - | - | - | - | - |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Inpatient | | 15,000,000 | 15,000,000 | - | 15,000,000 | 15,000,000 |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Outpatient | | - | - | - | - | - |
| Palliative Care | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **850,000,000** | **850,000,000** | **-** | **850,000,000** | **850,000,000** |

**Special Benefits - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| HIV/AIDS Benefit | | - | - | - | - | 15,000,000 | - |
| Funeral Benefit | | - | - | - | - | 15,000,000 | - |
| Marhamah Compensation Benefit (Syariah Only) | | - | - | - | - | 15,000,000 | - |
| **Subtotal Inner Limit Benefits** | | - | - | - | - | | - |

| | |
|---|---|
| **Total Claim Submitted** | **2,577,000,000** |
| **Total Claim Amount After Deductible** | **2,569,550,000** |
| **Total Claim Amount After Pro-rate (Total Claim Paid by PLA)** | **1,894,050,000** |
| **Total Claim Paid by Customer** | **682,950,000** |



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## Example 8 – Combination of area of treatment case 2– Deductible Applied

**Criteria:**

| Plan | Coverage Area | Room | Fixed Amount | Deductible | Room availability according to the Plan | Selected Room | Area of Treatment | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Inpatient & Surgical | Outpatient | Special Benefit |
| Silver B | **Asia (Excl. JPN, HK, SG)** | Cheapest 1-bed-1-room with bathroom inside | 1,100,000 | 5,000,000 | Available | **Cheapest 1-bed-1-room with bathroom inside** | **Indonesia** | **Singapore** | **Singapore** |

Robin (30, MS) who owned a **PRU**Prime Healthcare Plus Pro Policy with **Silver B** is being hospitalized for 7 days in **Hospital A** located in Indonesia due to Kidney Failure. Couple weeks later, as recommended by Doctor, he undergone some outpatient treatments and special benefits in Singapore. He incurred medical treatment giving a total patient bill of **IDR 2,550,050,000.**

Below is the Room Price List in Hospital A:

| Room Type | Price | Fixed Amount |
|---|---|---|
| Cheapest 1- bed-1-room with bathroom inside (Class 1) | 1,500,000 | 1,100,000 |
| VIP | 2,000,000 | |
| VVIP | 3,000,000 | |

Since the Outpatient treatment and Special Benefit are performed outside of coverage area, the medical expense was subject to the pro-ration in accordance with table of percentage below:

| Treatment in | Plan Type | | | | |
|---|---|---|---|---|---|
| | Indonesia | Asia excl SG, JPN, HK | Asia | Worldwide excl US | Worldwide |
| Indonesia | 100% | 100% | 100% | 100% | 100% |
| Asia, excl SG, JPN, HK | 50% | 100% | 100% | 100% | 100% |
| SG, JPN, HK | 15% | 30% | 100% | 100% | 100% |
| Worldwide excl US | 10% | 15% | 60% | 100% | 100% |
| Worldwide | 5% | 10% | 40% | 60% | 100% |



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$$\text{Proration room type} = \frac{(7 \times 1{,}500{,}000)}{(7 \times 1{,}500{,}000)} = \frac{10{,}500{,}000}{10{,}500{,}000} = 1 = \mathbf{100\%}$$

**Proration coverage area = $100\%$ for inpatient benefits; $30\%$ for outpatient benefits and special benefits**
**Final proration factor for Inpatient benefit= $100\% \times 100\% = 100\%$**
**Final proration factor for Outpatient benefit and Special benefit = 30% (performed outside of coverage area)**

The claim incurred by Robin for the Room Benefit is detailed as follow:

**Room Benefit**

| Room Type | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Default as charged 2 days - one grade higher | - | - | - | - | - | - |
| Cheapest 1-Bed-1-Room with bathroom inside (Class 1) | 7 | 10,500,000 | 10,500,000 | - | 10,500,000 | 10,500,000 |
| One grade higher (VIP) | - | - | - | - | - | - |
| Two grades higher (VVIP) | - | - | - | - | - | - |
| Three grades higher | - | - | - | - | - | - |
| **Subtotal Room Benefit** | **7** | **10,500,000** | **10,500,000** | **-** | **10,500,000** | **10,500,000** |

**In this case, deductible will not apply to Room and Board as it is the 11th priority based on the deductible priority table in section 3.3.6 (b).**

**The claims paid by PLA are detailed as follow:**

**Inpatient & Surgical Treatments – As-Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Intensive Care Unit (ICU) | | - | - | - | - | - |
| General Practitioner Visit | | 15,000,000 | 15,000,000 | - | 15,000,000 | 15,000,000 |
| Specialist Visit | | 20,000,000 | 20,000,000 | - | 20,000,000 | 20,000,000 |
| Operating Charge (Surgeon's, Theatre's, Anesthetist's, including organ transplantation for insured) | | 800,000,000 | 800,000,000 | - | 800,000,000 | 800,000,000 |
| Pre-hospitalization treatment | | 15,000,000 | 15,000,000 | - | 15,000,000 | 15,000,000 |
| Post-hospitalization | | 25,000,000 | 25,000,000 | - | 25,000,000 | 25,000,000 |
| Telehealth in Indonesia | | - | - | - | - | - |
| Telehealth for Cancer Treatment in Malaysia or Singapura | | - | - | - | - | - |



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| | | | | | | |
|---|---|---|---|---|---|---|
| Miscellaneous Expense | | 60,000,000 | 60,000,000 | 5,000,000 | 55,000,000 | 55,000,000 |
| Local Ambulance Service | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **935,000,000** | **935,000,000** | **5,000,000** | **930,000,000** | **930,000,000** |

**Based on the deductible priority table in section 3.3.6 (b), deductible will apply to Miscellaneous Expense (highlighted in blue).**

**Inpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit per Day | Inner Limit Notes | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Companion Expenses | 7 | 4,550,000 | 4,550,000 | - | 4,550,000 | 650,000 | per day | 4,550,000 |
| Daily Cash Benefit | - | - | - | - | - | 1,000,000 | per day | - |
| **Subtotal Inner Limit Benefits** | 7 | **4,550,000** | **4,550,000** | **-** | **4,550,000** | | | **4,550,000** |

**Outpatient Treatments - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Emergency treatment for accidental injury (Incl. dental) | | - | - | - | - | - |
| Continued outpatient treatment for accidental injury | | - | - | - | - | - |
| Day Surgery | | - | - | - | - | - |
| Pre-Treatment of Day Surgery | | - | - | - | - | - |
| Post-Treatment of Day Surgery | | - | - | - | - | - |
| Outpatient Kidney Dialysis | | 750,000,000 | 750,000,000 | - | 750,000,000 | 225,000,000 |
| Outpatient Cancer Treatment | | - | - | - | - | - |
| Surveillance Benefit for Cancer | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **750,000,000** | **750,000,000** | **-** | **750,000,000** | **225,000,000** |

**Outpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit per Day | Inner Limit per Year | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Traditional Medical Treatment | | - | - | - | - | 1,000,000 | 15,000,000 | - |
| **Subtotal Inner Limit Benefits** | | - | - | **-** | - | | | - |



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**Special Benefits - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Breast reconstruction surgery after mastectomy due to cancer or accident | | - | - | - | - | - |
| Face reconstruction due to cancer or accident | | - | - | - | - | - |
| Other Reconstruction Surgeries due to Cancer or Accident excluding Breast and Face Reconstruction | | - | - | - | - | - |
| Home Nursing Care | | 35,000,000 | 35,000,000 | - | 35,000,000 | 10,500,000 |
| Third Party Donor upon major organ transplant (including kidney, liver, heart, lungs, and bone narrow) | | 800,000,000 | 800,000,000 | - | 800,000,000 | 240,000,000 |
| Psychiatric and Psychological Care | | - | - | - | - | - |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Inpatient | | 15,000,000 | 15,000,000 | - | 15,000,000 | 4,500,000 |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Outpatient | | - | - | - | - | - |
| Palliative Care | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **850,000,000** | **850,000,000** | **-** | **850,000,000** | **225,000,000** |

**Special Benefits - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| HIV/AIDS Benefit | | - | - | - | - | 15,000,000 | - |
| Funeral Benefit | | - | - | - | - | 15,000,000 | - |
| Marhamah Compensation Benefit (Syariah Only) | | - | - | - | - | 15,000,000 | - |
| **Subtotal Inner Limit Benefits** | | - | - | - | - | | - |

| | |
|---|---|
| **Total Claim Submitted** | **2,550,050,000** |
| **Total Claim Amount After Deductible** | **2,545,050,000** |
| **Total Claim Amount After Pro-rate (Total Claim Paid by PLA)** | **1,425,050,000** |
| **Total Claim Paid by Customer** | **1,125,000,000** |



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## Example 9 – Combination of area of treatment performed in multiple countries– Deductible Applied

**Criteria:**

| Plan | Coverage Area | Room | Fixed Amount | Deductible | Room availability according to the Plan | Selected Room | Area of Treatment | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Inpatient & Surgical | Outpatient | Special Benefit |
| Silver B | **Asia (Excl. JPN, HK, SG)** | Cheapest 1-bed-1-room with bathroom inside | 1,100,000 | 5,000,000 | Available | **Cheapest 1-bed-1-room with bathroom inside** | **Indonesia** | **Singapore, Australia, USA** | **Indonesia** |

Arley (35, MNS) who owned a **PRU**Prime Healthcare Plus Pro Policy with **Silver B** is being hospitalized for 7 days in **Hospital A** located in Indonesia due to Kidney Failure. The Couple weeks later, due to the limited medical equipments and medicines in Indonesia, Doctor recommended him to take some outpatient treatments in 3 different countries in which the medical equipment and medicines are availaible i.e. Singapore, Australia, and USA. Then he came back to Indonesia to undergo some special benefits. He incurred medical treatment giving a total patient bill of IDR **6,052,500,000**.

Below is the Room Price List in Hospital A:

| Room Type | Price | Fixed Amount |
|---|---|---|
| Cheapest 1- bed-1-room with bathroom inside (Class 1) | 1,500,000 | 1,100,000 |
| VIP | 2,000,000 | |
| VVIP | 3,000,000 | |

Since the Outpatient treatment are performed outside of coverage area, the medical expense was subject to the pro-ration in accordance with table of percentage below:

| Treatment in | Plan Type | | | | |
|---|---|---|---|---|---|
| | Indonesia | Asia excl SG, JPN, HK | Asia | Worldwide excl US | Worldwide |
| Indonesia | 100% | 100% | 100% | 100% | 100% |
| Asia, excl SG, JPN, HK | 50% | 100% | 100% | 100% | 100% |
| SG, JPN, HK | 15% | 30% | 100% | 100% | 100% |
| Worldwide excl US | 10% | 15% | 60% | 100% | 100% |
| Worldwide | 5% | 10% | 40% | 60% | 100% |



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$$\text{Proration rom type} = \frac{(7 \times 1{,}500{,}000)}{(7 \times 1{,}500{,}000)} = \frac{10{,}500{,}000}{10{,}500{,}000} = 1 = \mathbf{100\%}$$

**Final proration factor for Outpatient benefit and Special benefit = 30% (performed outside of coverage area)**
**Final proration factor for Inpatient benefit and Special benefit = $100\% \times 100\% = 100\%$**
**Final proration factor for Outpatient benefit:**

1. **Singapore : $30\%$**
2. **Australia : $15\%$**
3. **USA : $10\%$**

The claim incurred by Arley for the Room Benefit is detailed as follow:

**Room Benefit**

| Room Type | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Default as charged 2 days - one grade higher | - | - | - | - | - | - |
| Cheapest 1-Bed-1-Room with bathroom inside (Class 1) | 7 | 10,500,000 | 10,500,000 | - | 10,500,000 | 10,500,000 |
| One grade higher (VIP) | - | - | - | - | - | - |
| Two grades higher (VVIP) | - | - | - | - | - | - |
| Three grades higher | - | - | - | - | - | - |
| **Subtotal Room Benefit** | **7** | **10,500,000** | **10,500,000** | **-** | **10,500,000** | **10,500,000** |

**In this case, deductible will not apply to Room and Board as it is the 11th priority based on the deductible priority table in section 3.3.6 (b).**

**The claims paid by PLA are detailed as follow:**

**Inpatient & Surgical Treatments - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Intensive Care Unit (ICU) | | - | - | - | - | - |
| General Practitioner Visit | | 15,000,000 | 15,000,000 | - | 15,000,000 | 15,000,000 |
| Specialist Visit | | 20,000,000 | 20,000,000 | - | 20,000,000 | 20,000,000 |
| Operating Charge (Surgeon's, Theatre's, Anesthetist's, including organ transplantation for insured) | | 800,000,000 | 800,000,000 | - | 800,000,000 | 800,000,000 |
| Pre-hospitalization treatment | | 15,000,000 | 15,000,000 | - | 15,000,000 | 15,000,000 |
| Post-hospitalization | | 25,000,000 | 25,000,000 | - | 25,000,000 | 25,000,000 |



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| | | | | | | |
|---|---|---|---|---|---|---|
| Telehealth in Indonesia | | - | - | - | - | - |
| Telehealth for Cancer Treatment in Malaysia or Singapura | | - | - | - | - | - |
| Miscellaneous Expense | | 60,000,000 | 60,000,000 | 5,000,000 | 55,000,000 | 55,000,000 |
| Local Ambulance Service | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **935,000,000** | **935,000,000** | **5,000,000** | **930,000,000** | **930,000,000** |

**Based on the deductible priority table in section 3.3.6 (b), deductible will apply to Miscellaneous Expense (highlighted in blue).**

**Inpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit per Day | Inner Limit Notes | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Lodging for Companion | 7 | 4,550,000 | 4,550,000 | - | 4,550,000 | 650,000 | per day | 4,550,000 |
| Daily Cash Benefit | - | - | - | - | - | 1,000,000 | per day | - |
| **Subtotal Inner Limit Benefits** | 7 | **4,550,000** | **4,550,000** | **-** | **4,550,000** | | | **4,550,000** |

**Outpatient Treatments - As Charged Benefits**

| Room | No of Days | Treatment Location | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| Emergency treatment for accidental injury (Incl. dental) | | | - | - | - | - | - |
| Continued outpatient treatment for accidental injury | | | - | - | - | - | - |
| Day Surgery | | | - | - | - | - | - |
| Pre-Treatment of Day Surgery | | | - | - | - | - | - |
| Post-Treatment of Day Surgery | | | - | - | - | - | - |
| Outpatient Kidney Dialysis | | Singapore | 750,000,000 | 750,000,000 | - | 750,000,000 | 225,000,000 |
| | | Australia | 1,500,000,000 | 1,500,000,000 | - | 1,500,000,000 | 225,000,000 |
| | | USA | 2,000,000,000 | 2,000,000,000 | - | 2,000,000,000 | 200,000,000 |
| Outpatient Cancer Treatment | | | - | - | - | - | - |
| Surveillance Benefit for Cancer | | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | | **4,250,000,000** | **4,250,000,000** | **-** | **4,250,000,000** | **650,000,000** |



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**Outpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit per Day | Inner Limit per Year | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Traditional Medical Treatment | | - | - | - | - | 1,000,000 | 15,000,000 | - |
| **Subtotal Inner Limit Benefits** | | - | - | - | - | | | - |

**Special Benefits - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Breast reconstruction surgery after mastectomy due to cancer or accident | | - | - | - | - | - |
| Face reconstruction due to cancer or accident | | - | - | - | - | - |
| Other Reconstruction Surgeries due to Cancer or Accident excluding Breast and Face Reconstruction | | - | - | - | - | - |
| Home Nursing Care | | 35,000,000 | 35,000,000 | - | 35,000,000 | 35,000,000 |
| Third Party Donor upon major organ transplant (including kidney, liver, heart, lungs, and bone narrow) | | 800,000,000 | 800,000,000 | - | 800,000,000 | 800,000,000 |
| Psychiatric and Psychological Care | | - | - | - | - | - |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Inpatient | | 15,000,000 | 15,000,000 | - | 15,000,000 | 15,000,000 |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Outpatient | | - | - | - | - | - |
| Palliative Care | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **850,000,000** | **850,000,000** | **-** | **850,000,000** | **850,000,000** |

**Special Benefits - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| HIV/AIDS Benefit | | - | - | - | - | 15,000,000 | - |
| Funeral Benefit | | - | - | - | - | 15,000,000 | - |
| Marhamah Compensation Benefit (Syariah Only) | | - | - | - | - | 15,000,000 | - |
| **Subtotal Inner Limit Benefits** | | - | - | - | - | | - |



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| | |
|---|---|
| **Total Claim Submitted** | **6,052,500,000** |
| **Total Claim Amount After Deductible** | **6,045,050,000** |
| **Total Claim Amount After Pro-rate (Total Claim Paid by PLA)** | **2,445,050,000** |
| **Total Claim Paid by Customer** | **3,607,450,000** |



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## Example 10 – Deductible Allocation– Deductible Applied

**Criteria:**

| Plan | Coverage Area | Room | Fixed Amount | Deductible | Room availability according to the Plan | Selected Room | Area of Treatment | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Inpatient & Surgical | Outpatient | Special Benefit |
| Silver B | **Asia (Excl. JPN, HK, SG)** | Cheapest 1-bed-1-room with bathroom inside | 1,100,000 | 5,000,000 | Available | **Cheapest 1-bed-1-room with bathroom inside** | **Singapore** | **Singapore** | **Singapore** |

Gabby (30, FS) who owned a **PRU**Prime Healthcare Plus Pro Policy with **Silver B** is being hospitalized for 3 days in **Hospital B** located in Singapore due to Acute Appendicitis. Unfortunately, she died at day-3 after suffering from an appendix surgery. She incurred medical treatment giving a total patient bill of **IDR 113,950,000.**

Below is the Room Price List in Hospital B:

| Room Type | Price | Fixed Amount |
|---|---|---|
| Cheapest 1- bed-1-room with bathroom inside (Class 1) | 3,000,000 | 1,100,000 |
| VIP | 5,000,000 | |
| VVIP | 8,000,000 | |

Since the Outpatient treatment and Special Benefit are performed outside of coverage area, the medical expense was subject to the pro-ration in accordance with table of percentage below:

| Treatment in | Plan Type | | | | |
|---|---|---|---|---|---|
| | Indonesia | Asia excl SG, JPN, HK | Asia | Worldwide excl US | Worldwide |
| Indonesia | 100% | 100% | 100% | 100% | 100% |
| Asia, excl SG, JPN, HK | 50% | 100% | 100% | 100% | 100% |
| SG, JPN, HK | 15% | 30% | 100% | 100% | 100% |
| Worldwide excl US | 10% | 15% | 60% | 100% | 100% |
| Worldwide | 5% | 10% | 40% | 60% | 100% |

$$\text{Proration room type} = \frac{(3\times 3{,}000{,}000)}{(3\times 3{,}000{,}000)} = \frac{9{,}000{,}000}{9{,}000{,}000} = 1 = \mathbf{100}\%$$



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**Proration coverage area = 30%**
**Final proration factor for Inpatient benefit= $100\% \times 30\% = 30\%$**
**Final proration factor for Outpatient Benefit and Special benefit = 30%**

The claim incurred by Gabby for the Room Benefit is detailed as follow:

| **Room Benefit** | | | | | | |
|---|---|---|---|---|---|---|
| **Room Type** | **No of Days** | **Claim Submitted** | **Eligible Claim Amount (a)** | **Deductible (b)** | **Claim amount after deductible (a)-(b)** | **Claim Paid by PLA** |
| Default as charged 2 days - one grade higher | - | - | - | - | - | - |
| Cheapest 1-Bed-1-Room with bathroom inside (Class 1) | 3 | 9,000,000 | 9,000,000 | - | 9,000,000 | 2,700,000 |
| One grade higher (VIP) | - | - | - | - | - | - |
| Two grades higher (VVIP) | - | - | - | - | - | - |
| Three grades higher | - | - | - | - | - | - |
| **Subtotal Room Benefit** | **3** | **9,000,000** | **9,000,000** | **-** | **9,000,000** | 2,700,000 |

**In this case, deductible will not apply to Room and Board as it is the 11th priority based on the deductible priority table in section 3.3.6 (b).**

**The claims paid by PLA are detailed as follow:**

| **Inpatient & Surgical Treatments - As Charged Benefits** | | | | | | |
|---|---|---|---|---|---|---|
| **Room** | **No of Days** | **Claim Submitted** | **Eligible Claim Amount (a)** | **Deductible (b)** | **Claim amount after deductible (a)-(b)** | **Claim Paid by PLA** |
| Intensive Care Unit (ICU) | | - | - | - | - | - |
| General Practitioner Visit | | 3,000,000 | 3,000,000 | - | 3,000,000 | 900,000 |
| Specialist Visit | | 5,000,000 | 5,000,000 | - | 5,000,000 | 1,500,000 |
| Operating Charge (Surgeon's, Theatre's, Anesthetist's, including organ transplantation for insured) | | 75,000,000 | 75,000,000 | 2,000,000 | 73,000,000 | 21,900,000 |
| Pre-hospitalization treatment | | 2,000,000 | 2,000,000 | - | 2,000,000 | 600,000 |
| Post-hospitalization | | - | - | - | - | - |
| Telehealth in Indonesia | | - | - | - | - | - |
| Telehealth for Cancer Treatment in Malaysia or Singapura | | - | - | - | - | - |
| Miscellaneous Expense | | 3,000,000 | 3,000,000 | 3,000,000 | - | - |
| Local Ambulance Service | | - | - | - | - | - |



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| | | | | | | |
|---|---|---|---|---|---|---|
| **Subtotal As-Charged Benefits** | | **88,000,000** | **88,000,000** | **5,000,000** | **83,000,000** | **24,900,000** |

**Based on the deductible priority table in section 3.3.6 (b), deductible will apply first to Miscellaneous Hospital Expense then the excess will be allocated to Operating Charges (highlighted in blue).**

**Inpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit per Day | Inner Limit Notes | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Lodging for Companion | 3 | 1,950,000 | 1,950,000 | - | 1,950,000 | 650,000 | per day | 1,950,000 |
| Daily Cash Benefit | | - | - | - | - | 1,000,000 | per day | - |
| **Subtotal Inner Limit Benefits** | **3** | **1,950,000** | **1,950,000** | **-** | **1,950,000** | | | **1,950,000** |

**Outpatient Treatments - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Emergency treatment for accidental injury (Incl. dental) | | - | - | - | - | - |
| Continued outpatient treatment for accidental injury | | - | - | - | - | - |
| Day Surgery | | - | - | - | - | - |
| Pre-Treatment of Day Surgery | | - | - | - | - | - |
| Post-Treatment of Day Surgery | | - | - | - | - | - |
| Outpatient Kidney Dialysis | | - | - | - | - | - |
| Outpatient Cancer Treatment | | - | - | - | - | - |
| Surveillance Benefit for Cancer | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | - | - | - | - | - |

**Outpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit per Day | Inner Limit per Year | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Traditional Medical Treatment | | - | - | - | - | 1,000,000 | 15,000,000 | - |
| **Subtotal Inner Limit Benefits** | | - | - | **-** | - | | | - |



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**Special Benefits - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Breast reconstruction surgery after mastectomy due to cancer or accident | | - | - | - | - | - |
| Face reconstruction due to cancer or accident | | - | - | - | - | - |
| Other Reconstruction Surgeries due to Cancer or Accident excluding Breast and Face Reconstruction | | - | - | - | - | - |
| Home Nursing Care | | - | - | - | - | - |
| Third Party Donor upon major organ transplant (including kidney, liver, heart, lungs, and bone narrow) | | - | - | - | - | - |
| Psychiatric and Psychological Care | | - | - | - | - | - |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Inpatient | | - | - | - | - | - |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Outpatient | | - | - | - | - | - |
| Palliative Care | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | - | - | - | - | - |

**Special Benefits - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| HIV/AIDS Benefit | | - | - | - | - | 15,000,000 | - |
| Funeral Benefit | | 15,000,000 | 15,000,000 | - | 15,000,000 | 15,000,000 | 15,000,000 |
| Marhamah Compensation Benefit (Syariah Only) | | - | - | - | - | 15,000,000 | - |
| **Subtotal Inner Limit Benefits** | | **15,000,000** | **15,000,000** | **-** | **15,000,000** | **15,000,000** | **15,000,000** |

| | |
|---|---|
| **Total Claim Submitted** | **113,950,000** |
| **Total Claim Amount After Deductible** | **108,950,000** |
| **Total Claim Amount After Pro-rate (Total Claim Paid by PLA)** | **44,550,000** |
| **Total Claim Paid by Customer** | **69,400,000** |



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## Example 11 – If the room type covered by the plan is not offered in selected hospital – Non Deductible

**Criteria:**

| Plan | Coverage Area | Room | Fixed Amount | Deductible | Room availability according to the Plan | Selected Room | Area of Treatment | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Inpatient & Surgical | Outpatient | Special Benefit |
| Silver A | **Asia (Excl. JPN, HK, SG)** | Cheapest 2-bed-1-room | 550,000 | - | No Offered | **Cheapest 1-bed-1-room with bathroom inside** | **Indonesia** | **-** | **-** |

Annie (35, FNS) who owned a **PRU**Prime Healthcare Plus Pro Policy with **Silver A** is being hospitalized for 7 days in **Hospital A** located in Indonesia due to Kidney Failure. According to the selected plan, she is entitled to the cheapest-2-bed-1-room or Fixed Amount of IDR 550,000 as the covered room type. However, due to unoffered of that corresponding room type, she had to stay in one-level-higher room for the 7 days. She incurred medical treatment giving a total patient bill of **IDR 890,200,000**.

Below is the Room Price List in Hospital A:

| Room Type | Price | Fixed Amount |
|---|---|---|
| Cheapest 2-bed-1-room | Not Offered | 550,000 |
| Cheapest 1-bed-1-room with bathroom inside | 3,000,000 | |
| VIP | 5,000,000 | |
| VVIP | 8,000,000 | |

Annie is eligible to stay in one grade higher room with pro-ration of which one is higher between 50% of the room cost and her fixed amount as the covered room for Annie is unoffered in selected hospital.

**The pro-ration factor can be calculated as follow:**

$$\text{Proration room type} = \frac{(5\times550{,}000) + (2\times3{,}000{,}000)}{(2\times3{,}000{,}000) + (5\times3{,}000{,}000)} = \frac{8{,}750{,}000}{21{,}000{,}000} = 42\%$$

**Proration coverage area = 100%**



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The claim incurred by Annie for the Room Benefit is detailed as follow:

**Room Benefit**

| Room Type | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Default as charged 2 days - one grade higher | 2 | 6,000,000 | 6,000,000 | - | 6,000,000 | 6,000,000 |
| Cheapest 1-Bed-1-Room with bathroom inside (Class 1) | 5 | 15,000,000 | 2,750,000 | - | 2,750,000 | 2,750,000 |
| One grade higher (VIP) | - | - | - | - | - | - |
| Two grades higher (VVIP) | - | - | - | - | - | - |
| Three grades higher | - | - | - | - | - | - |
| **Subtotal Room Benefit** | **7** | **21,000,000** | **8,750,000** | **-** | **8,750,000** | **8,750,000** |

**The claims paid by PLA are detailed as follow:**

**Inpatient & Surgical Treatments - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Intensive Care Unit (ICU) | | - | - | - | - | - |
| General Practitioner Visit | | 5,000,000 | 5,000,000 | - | 5,000,000 | 2,100,000 |
| Specialist Visit | | 10,000,000 | 10,000,000 | - | 10,000,000 | 4,200,000 |
| Operating Charge (Surgeon's, Theatre's, Anesthetist's, including organ transplantation for insured) | | 500,000,000 | 500,000,000 | - | 500,000,000 | 210,000,000 |
| Pre-hospitalization treatment | | 5,000,000 | 5,000,000 | - | 5,000,000 | 5,000,000 |
| Post-hospitalization | | 15,000,000 | 15,000,000 | - | 15,000,000 | 15,000,000 |
| Telehealth in Indonesia | | - | - | - | - | - |
| Telehealth for Cancer Treatment in Malaysia or Singapura | | - | - | - | - | - |
| Miscellaneous Expense | | 30,000,000 | 30,000,000 | - | 30,000,000 | 12,600,000 |
| Local Ambulance Service | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **565,000,000** | **565,000,000** | **-** | **565,000,000** | **248,900,000** |



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**Inpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit | Inner Limit Notes | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Lodging for Companion | 7 | 4,200,000 | 4,200,000 | - | 4,200,000 | 600,000 | per day | 4,200,000 |
| Daily Cash Benefit | | - | - | - | - | 500,000 | per day | - |
| **Subtotal Inner Limit Benefits** | **7** | **4,200,000** | **4,200,000** | **-** | **4,200,000** | | | **4,200,000** |

**Outpatient Treatments - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Emergency treatment for accidental injury (Incl. dental) | | - | - | - | - | - |
| Continued outpatient treatment for accidental injury | | - | - | - | - | - |
| One Day Surgery | | - | - | - | - | - |
| Pre-Treatment of Day Surgery | | - | - | - | - | - |
| Post-Treatment of Day Surgery | | - | - | - | - | - |
| Outpatient Kidney Dialysis | | 300,000,000 | 300,000,000 | - | 300,000,000 | 300,000,000 |
| Outpatient Cancer Treatment | | - | - | - | - | - |
| Surveillance Benefit for Cancer | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **300,000,000** | **300,000,000** | **-** | **300,000,000** | **300,000,000** |

**Outpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit per Day | Inner Limit per Year | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Traditional Medical Treatment | | - | - | - | - | 1,000,000 | 15,000,000 | - |
| **Subtotal Inner Limit Benefits** | | - | - | **-** | - | | | - |

**Special Benefits - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|



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| | | | | | | |
|---|---|---|---|---|---|---|
| Breast reconstruction surgery after mastectomy due to cancer or accident | | - | - | - | - | - |
| Face reconstruction due to cancer or accident | | - | - | - | - | - |
| Home Nursing Care | | - | - | - | - | - |
| Other Reconstruction Surgeries due to Cancer or Accident excluding Breast and Face Reconstruction | | - | - | - | - | - |
| Third Party Donor upon major organ transplant (including kidney, liver, heart, lungs, and bone narrow) | | - | - | - | - | - |
| Psychiatric and Psychological Care | | - | - | - | - | - |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Inpatient | | - | - | - | - | - |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Outpatient | | - | - | - | - | - |
| Palliative Care | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | - | - | - | - | - |

**Special Benefits - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| HIV/AIDS Benefit | | - | - | - | - | 15,000,000 | - |
| Funeral Benefit | | - | - | - | - | 15,000,000 | - |
| **Subtotal Inner Limit Benefits** | | **-** | **-** | **-** | **-** | **-** | **-** |

| | |
|---|---|
| **Total Claim Submitted** | **890,200,000** |
| **Total Claim Amount After Deductible** | **877,950,000** |
| **Total Claim Amount After Pro-rate (Total Claim Paid by PLA)** | **561,850,000** |
| **Total Claim Paid by Customer** | **328,350,000** |



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## Example 12 – Cermat 3 – Claim is incurred in Indonesia with R&B as entitled Plan

**Criteria:**

| Plan | Coverage Area | Room | Fixed Amount | Deductible Option | Selected Room | Area of Treatment | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | Inpatient & Surgical | Oupatient | Special Benefit |
| Cermat 3 | Indonesia | 650,000 | 650,000 | **Unapplied** | **650,000** | Indonesia | Indonesia | Indonesia |

Annie (35, FNS) who owned a PRUPrime Healthcare Plus Pro Policy with Cermat 3 is being hospitalized for 7 days in Hospital A located in Indonesia due to Kidney Failure. According to the selected plan, she is entitled to the room with cost of IDR 650,000. Couple weeks later, she had some outpatient treatments and special benefits in Indonesia. She incurred medical treatment giving a total patient bill of IDR 98,400,000.

Below is the Room Price List in Hospital A:

| Room Type | Price | Fixed Amount |
|---|---|---|
| Class III | 650,000 | 650,000 |
| Class II | 900,000 | |
| Class I | 1,000,000 | |

**Room**

| Room | No of Days | Claim Submitted | Eligible Claim Amount within R&B limit and in Indonesia | Eligible Claim Amount in Higher R&B and/or Overseas | Deductible | Claim amount after deductible | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| Default as charged 2 days - one grade higher | | | | | | - | - |
| Class III | 7 | 4,550,000 | 4,550,000 | | | 4,550,000 | 4,550,000 |
| Higher grader | | - | | | | | |
| **Total Room Expenses** | 7 | 4,550,000 | 4,550,000 | | | 4,550,000 | 4,550,000 |



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**Inpatient & Surgical Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount within R&B limit and in Indonesia | Eligible Claim Amount in Higher R&B and/or Overseas | Deductible | Claim amount after deductible | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| Intensive Care Unit (ICU) | | | 1,300,000 | 1,300,000 | | - | - |
| General Practitioner Visit | 7 | 350,000 | As-charged | 250,000 | | 2,450,000 | 2,450,000 |
| Specialist Visit | 5 | 700,000 | As-charged | 350,000 | | 3,500,000 | 3,500,000 |
| Operating Charge (Type II) | 1 | 18,000,000 | I: 17,000<br>II: 30,000<br>III: 50,000<br>IV: 80,000 | I: 17,000<br>II: 30,000<br>III: 50,000<br>IV: 80,000 | | 18,000,000 | 18,000,000 |
| Pre-hospitalisation treatment | | | As-charged | 2,000,000 | | - | - |
| Post-hospitalisation treatment | | | As-charged | 2,000,000 | | - | - |
| Telehealth in Indonesia | | | As-charged | As-charged | | - | - |
| Miscellaneous Expense | 1 | 15,000,000 | As-charged | 10,000,000 | | 15,000,000 | 15,000,000 |
| Local Ambulance Service | | | As-charged | 450,000 | | - | - |
| Lodging for Companion | 7 | 350,000 | 300,000 | 300,000 | | 2,100,000 | 2,100,000 |
| Daily Cash Benefit | 7 | 350,000 | 400,000 | 400,000 | | 2,450,000 | 2,450,000 |
| **Subtotal Inpatient & Surgical Benefits** | | **43,850,000** | | | | **43,500,000** | **43,500,000** |

**Outpatient Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount within R&B limit and in Indonesia | Eligible Claim Amount in Higher R&B and/or Overseas | Deductible | Claim amount after deductible | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| Emergency treatment for accidental injury (Incl. dental) | | | As-charged | 6,500,000 | | - | - |
| Continued outpatient treatment for accidental injury | | | As-charged | 6,500,000 | | - | - |
| One Day Surgery | | | I: 17,000<br>II: 30,000<br>III: 50,000<br>IV: 80,000 | I: 17,000<br>II: 30,000<br>III: 50,000<br>IV: 80,000 | | - | - |
| Pre-Treatment of Day Surgery | | | As-charged | 2,000,000 | | - | - |
| Post-Treatment of Day Surgery | | | As-charged | 2,000,000 | | - | - |
| Outpatient Kidney Dialysis | 1 | 50,000,000 | As-charged | 16,000,000 | | 50,000,000 | 50,000,000 |
| Outpatient Cancer Treatment | | | As-charged | 70,000,000 | | - | - |
| Surveilance Benefit for Cancer | | | As-charged | 16,000,000 | | - | - |
| **Subtotal Outpatient Benefits** | | **50,000,000** | | | | **50,000,000** | **50,000,000** |



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**Special Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount within R&B limit and in Indonesia | Eligible Claim Amount in Higher R&B and/or Overseas | Deductible | Claim amount after deductible | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| Breast reconstruction surgery after mastectomy due to cancer or accident | | | As-charged | 80,000,000 | | - | - |
| Face reconstruction due to cancer or accident | | | As-charged | 80,000,000 | | - | - |
| Home Nursing Care | | | As-charged | 350,000 | | - | - |
| Third Party Donor upon major organ transplant (including kidney, liver, heart, lungs, and bone narrow) | | | As-charged | 250,000,000 | | - | - |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Inpatient | | | As-charged | 700,000 | | - | - |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Outpatient | | | As-charged | 700,000 | | - | - |
| Funeral Benefit | | | 15,000,000 | 15,000,000 | | - | - |
| HIV/AIDS Benefit | | | 15,000,000 | 15,000,000 | | - | - |
| Marhamah Compensation Benefit (Syariah Only) | | | 15,000,000 | 15,000,000 | | | |
| **Subtotal Special Benefits** | | - | | | | - | - |

| | |
|---|---|
| **Total Claim Submitted** | **98,400,000** |
| **Total Claim Amount After Deductible** | **98,050,000** |
| **Total Claim Amount Paid by PLA** | **98,050,000** |
| **Total Claim Paid by Customer** | **350,000** |



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## Example 13 – Cermat 3 – If the insured wants to stay in higher grade room since day 1

**Criteria:**

| Plan | Coverage Area | Room | Fixed Amount | Deductible Option | Selected Room | Area of Treatment | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | Inpatient & Surgical | Oupatient | Special Benefit |
| Cermat 3 | Indonesia | 650,000 | 650,000 | **2,000,000** | **1,000,000** | Indonesia | Indonesia | Indonesia |

Annie (35, FNS) who owned a PRUPrime Healthcare Plus Pro policy with Plan Cermat 3 is being hospitalized for 7 days in Hospital A located in Indonesia due to Kidney Failure. According to the selected plan, she is entitled to the room with cost of IDR 650,000. Couple weeks later, she had some outpatient treatments and special benefits in Indonesia. She incurred medical treatment giving a total patient bill of IDR 160,850,000.

Below is the Room Price List in Hospital A:

| Room Type | Price | Fixed Amount |
|---|---|---|
| Class III | 650,000 | 650,000 |
| Class II | 900,000 | |
| Class I | 1,000,000 | |

**Room**

| Room | No of Days | Claim Submitted | Eligible Claim Amount within R&B limit and in Indonesia | Eligible Claim Amount in Higher R&B and/or Overseas | Deductible | Claim amount after deductible | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| Default as charged 2 days - one grade higher | | | | | | - | - |
| Class III | | - | - | | | - | - |
| Higher grader | 7 | 7,000,000 | | 4,550,000 | | 4,550,000 | 4,550,000 |
| **Total Room Expenses** | 7 | 7,000,000 | - | | | 4,550,000 | 4,550,000 |



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**Inpatient & Surgical Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount within R&B limit and in Indonesia | Eligible Claim Amount in Higher R&B and/or Overseas | Deductible | Claim amount after deductible | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| Intensive Care Unit (ICU) | | | 1,300,000 | 1,300,000 | | - | - |
| General Practioner Visit | 7 | 350,000 | As-charged | 250,000 | | 1,750,000 | 1,750,000 |
| Specialist Visit | 5 | 700,000 | As-charged | 350,000 | | 1,750,000 | 1,750,000 |
| Operating Charge (Type II) | 1 | 18,000,000 | I: 17,000<br>II: 30,000<br>III: 50,000<br>IV: 80,000 | I: 17,000<br>II: 30,000<br>III: 50,000<br>IV: 80,000 | | 18,000,000 | 18,000,000 |
| Pre-hospitalisation treatment | | | As-charged | 2,000,000 | | - | - |
| Post-hospitalisation treatment | | | As-charged | 2,000,000 | | - | - |
| Telehealth in Indonesia | | | As-charged | As-charged | | - | - |
| Miscellaneous Expense | 1 | 15,000,000 | As-charged | 10,000,000 | 2,000,000 | 8,000,000 | 8,000,000 |
| Local Ambulance Service | | | As-charged | 450,000 | | - | - |
| Lodging for Companion | 7 | 350,000 | 300,000 | 300,000 | | 2,100,000 | 2,100,000 |
| Daily Cash Benefit | 7 | 350,000 | 400,000 | 400,000 | | 2,450,000 | 2,450,000 |
| **Subtotal Inpatient & Surgical Benefits** | | **43,850,000** | | | | **34,050,000** | **34,050,000** |

**Outpatient Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount within R&B limit and in Indonesia | Eligible Claim Amount in Higher R&B and/or Overseas | Deductible | Claim amount after deductible | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| Emergency treatment for accidental injury (Incl. dental) | | | As-charged | 6,500,000 | | - | - |
| Continued outpatient treatment for accdental injury | | | As-charged | 6,500,000 | | - | - |
| One Day Surgery | | | I: 17,000<br>II: 30,000<br>III: 50,000<br>IV: 80,000 | I: 17,000<br>II: 30,000<br>III: 50,000<br>IV: 80,000 | | - | - |
| Pre-Treatment of Day Surgery | | | As-charged | 2,000,000 | | - | - |
| Post-Treatment of Day Surgery | | | As-charged | 2,000,000 | | - | - |
| Outpatient Kidney Dialysis | 1 | 50,000,000 | As-charged | 16,000,000 | | 50,000,000 | 50,000,000 |
| Outpatient Cancer Treatment | | | As-charged | 70,000,000 | | - | - |
| Surveilance Benefit for Cancer | | | As-charged | 16,000,000 | | - | - |
| **Subtotal Outpatient Benefits** | | **50,000,000** | | | | **50,000,000** | **50,000,000** |



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**Special Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount within R&B limit and in Indonesia | Eligible Claim Amount in Higher R&B and/or Overseas | Deductible | Claim amount after deductible | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| Breast reconstruction surgery after mastectomy due to cancer or accident | | 60,000,000 | As-charged | 80,000,000 | | 60,000,000 | 60,000,000 |
| Face reconstruction due to cancer or accident | | | As-charged | 80,000,000 | | - | - |
| Home Nursing Care | | | As-charged | 350,000 | | - | - |
| Third Party Donor upon major organ transplant (including kidney, liver, heart, lungs, and bone narrow) | | | As-charged | 250,000,000 | | - | - |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Inpatient | | | As-charged | 700,000 | | - | - |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Outpatient | | | As-charged | 700,000 | | - | - |
| Funeral Benefit | | | 15,000,000 | 15,000,000 | | - | - |
| HIV/AIDS Benefit | | | 15,000,000 | 15,000,000 | | - | - |
| Marhamah Compensation Benefit (Syariah Only) | | | 15,000,000 | 15,000,000 | | | |
| **Subtotal Special Benefits** | | 60,000,000 | | | | 60,000,000 | 60,000,000 |

| | |
|---|---|
| **Total Claim Submitted** | **160,850,000** |
| **Total Claim Amount After Deductible** | **148,600,000** |
| **Total Claim Amount Paid by PLA** | **148,600,000** |
| **Total Claim Paid by Customer** | **12,250,000** |



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## Example 14 – Cermat 3 – Claim is incurred outside Indonesia and R&B above entitled Plan

**Criteria:**

| Plan | Coverage Area | Room | Fixed Amount | Deductible Option | Selected Room | Area of Treatment | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | Inpatient & Surgical | Oupatient | Special Benefit |
| Cermat 3 | Indonesia | 650,000 | 650,000 | **Unapplied** | **5,000,000** | Singapore | Singapore | Singapore |

Annie (35, FNS) who owned a PRUPrime Healthcare Plus Pro Policy with Plan Cermat 3 is being hospitalized for 7 days in Hospital A located in Singapura. According to the selected plan, she is entitled to the room with cost of IDR 650,000. Although the covered room type was available for Annie to stay, she decided to upgrade her room type to VVIP. She incurred medical treatment giving a total patient bill of IDR 683,000,000.

Below is the Room Price List in Hospital A:

| Room Type | Price | Fixed Amount |
|---|---|---|
| VIP B | 5,000,000 | 650,000 |
| VIP A | 7,500,000 | |
| VVIP | 10,000,000 | |

Room

| Room | No of Days | Claim Submitted | Eligible Claim Amount within R&B limit and in Indonesia | Eligible Claim Amount in Higher R&B and/or Overseas | Deductible | Claim amount after deductible | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| Default as charged 2 days - one grade higher | | | | | | - | - |
| Class III | | - | - | | | - | - |
| Higher grader | 7 | 35,000,000 | | 4,550,000 | | 4,550,000 | 4,550,000 |
| **Total Room Expenses** | 7 | 35,000,000 | - | | | 4,550,000 | 4,550,000 |



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**Inpatient & Surgical Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount within R&B limit and in Indonesia | Eligible Claim Amount in Higher R&B and/or Overseas | Deductible | Claim amount after deductible | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| Intensive Care Unit (ICU) | | | 1,300,000 | 1,300,000 | | - | - |
| General Practioner Visit | 7 | 1,000,000 | As-charged | 250,000 | | 1,750,000 | 1,750,000 |
| Specialist Visit | 5 | 2,000,000 | As-charged | 350,000 | | 1,750,000 | 1,750,000 |
| Operating Charge (Type II) | 1 | 500,000,000 | I: 17,000<br>II: 30,000<br>III: 50,000<br>IV: 80,000 | I: 17,000<br>II: 30,000<br>III: 50,000<br>IV: 80,000 | | 30,000,000 | 30,000,000 |
| Pre-hospitalisation treatment | | | As-charged | 2,000,000 | | - | - |
| Post-hospitalisation treatment | | | As-charged | 2,000,000 | | - | - |
| Telehealth in Indonesia | | | As-charged | As-charged | | - | - |
| Miscellaneous Expense | | | As-charged | 10,000,000 | | - | - |
| Local Ambulance Service | | | As-charged | 450,000 | | - | - |
| Lodging for Companion | 6 | 3,500,000 | 300,000 | 300,000 | | 1,800,000 | 1,800,000 |
| Daily Cash Benefit | | | 400,000 | 400,000 | | - | - |
| **Subtotal Inpatient & Surgical Benefits** | | **538,000,000** | | | | **35,300,000** | **35,300,000** |

**Outpatient Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount within R&B limit and in Indonesia | Eligible Claim Amount in Higher R&B and/or Overseas | Deductible | Claim amount after deductible | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| Emergency treatment for accidental injury (Incl. dental) | | | As-charged | 6,500,000 | | - | - |
| Continued outpatient treatment for accdental injury | | | As-charged | 6,500,000 | | - | - |
| One Day Surgery | | | I: 17,000<br>II: 30,000<br>III: 50,000<br>IV: 80,000 | I: 17,000<br>II: 30,000<br>III: 50,000<br>IV: 80,000 | | - | - |
| Pre-Treatment of Day Surgery | | | As-charged | 2,000,000 | | - | - |
| Post-Treatment of Day Surgery | | | As-charged | 2,000,000 | | - | - |
| Outpatient Kidney Dialysis | 1 | 50,000,000 | As-charged | 16,000,000 | | 16,000,000 | 16,000,000 |
| Outpatient Cancer Treatment | | | As-charged | 70,000,000 | | - | - |
| Surveilance Benefit for Cancer | | | As-charged | 16,000,000 | | - | - |
| **Subtotal Outpatient Benefits** | | **50,000,000** | | | | **16,000,000** | **16,000,000** |



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Special Benefits

| Room | No of Days | Claim Submitted | Eligible Claim Amount within R&B limit and in Indonesia | Eligible Claim Amount in Higher R&B and/or Overseas | Deductible | Claim amount after deductible | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| Breast reconstruction surgery after mastectomy due to cancer or accident | | 60,000,000 | As-charged | 80,000,000 | | 60,000,000 | 60,000,000 |
| Face reconstruction due to cancer or accident | | | As-charged | 80,000,000 | | - | - |
| Home Nursing Care | | | As-charged | 350,000 | | - | - |
| Third Party Donor upon major organ transplant (including kidney, liver, heart, lungs, and bone narrow) | | | As-charged | 250,000,000 | | - | - |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Inpatient | | | As-charged | 700,000 | | - | - |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Outpatient | | | As-charged | 700,000 | | - | - |
| Funeral Benefit | | | 15,000,000 | 15,000,000 | | - | - |
| HIV/AIDS Benefit | | | 15,000,000 | 15,000,000 | | - | - |
| Marhamah Compensation Benefit (Syariah Only) | | | 15,000,000 | 15,000,000 | | - | - |
| **Subtotal Special Benefits** | | 60,000,000 | | | | 60,000,000 | 60,000,000 |

| | |
|---|---|
| **Total Claim Submitted** | **683,000,000** |
| **Total Claim Amount After Deductible** | **115,850,000** |
| **Total Claim Amount Paid by PLA** | **115,850,000** |
| **Total Claim Paid by Customer** | **567,150,000** |



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## Example 15 – Cermat 3 – If the entitled room based on the selected plan is unavailable

**Criteria:**

| Plan | Coverage Area | Room | Fixed Amount | Deductible Option | Room availability according to the Plan | Selected Room | Area of Treatment | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Inpatient & Surgical | Oupatient | Special Benefit |
| Cermat 3 | Indonesia | 650,000 | 650,000 | Unapplied | Not Available | **Upgrade to one level higher room** | Indonesia | Indonesia | Indonesia |

Sarah (35, FNS) who owned a PRUPrimei Healthcare Plus Pro Policy with Cermat 3 is being hospitalized for 7 days in Hospital A located in Indonesia due to Kidney Failure. According to the selected plan, she is entitled to IDR 650,000 as the covered room type. However, due to unavailability of that corresponding room type, she had to stay in one-level-higher room for the first 2 days and then moved to the room type which matches her plan for the rest of the day after the covered room type was available. Couple weeks later, she had some outpatient treatments and special benefits in Indonesia. She incurred medical treatment giving a total patient bill of IDR 98,900,000.

Below is the Room Price List in Hospital A:

| Room Type | Price | Fixed Amount |
|---|---|---|
| Class III | 650,000 | 650,000 |
| Class II | 900,000 | |
| Class I | 1,000,000 | |

**Room**

| Room | No of Days | Claim Submitted | Eligible Claim Amount within R&B limit and in Indonesia | Eligible Claim Amount in Higher R&B and/or Overseas | Deductible | Claim amount after deductible | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| Default as charged 2 days - one grade higher | 2 | 1,800,000 | | | | 1,800,000 | 1,800,000 |
| Class III | 5 | 3,250,000 | 3,250,000 | | | 3,250,000 | 3,250,000 |
| Higher grader | | - | | | | | |
| **Total Room Expenses** | 7 | 5,050,000 | | | | 5,050,000 | 5,050,000 |



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**Inpatient & Surgical Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount within R&B limit and in Indonesia | Eligible Claim Amount in Higher R&B and/or Overseas | Deductible | Claim amount after deductible | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| Intensive Care Unit (ICU) | | | 1,300,000 | 1,300,000 | | - | - |
| General Practioner Visit | 7 | 350,000 | As-charged | 250,000 | | 2,450,000 | 2,450,000 |
| Specialist Visit | 5 | 700,000 | As-charged | 350,000 | | 3,500,000 | 3,500,000 |
| Operating Charge (Type II) | 1 | 18,000,000 | I: 17,000<br>II: 30,000<br>III: 50,000<br>IV: 80,000 | I: 17,000<br>II: 30,000<br>III: 50,000<br>IV: 80,000 | | 18,000,000 | 18,000,000 |
| Pre-hospitalisation treatment | | | As-charged | 2,000,000 | | - | - |
| Post-hospitalisation treatment | | | As-charged | 2,000,000 | | - | - |
| Telehealth in Indonesia | | | As-charged | As-charged | | - | - |
| Miscellaneous Expense | 1 | 15,000,000 | As-charged | 10,000,000 | | 15,000,000 | 15,000,000 |
| Local Ambulance Service | | | As-charged | 450,000 | | - | - |
| Lodging for Companion | 7 | 350,000 | 300,000 | 300,000 | | 2,100,000 | 2,100,000 |
| Daily Cash Benefit | 7 | 350,000 | 400,000 | 400,000 | | 2,450,000 | 2,450,000 |
| **Subtotal Inpatient & Surgical Benefits** | | **43,850,000** | | | | **43,500,000** | **43,500,000** |

**Outpatient Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount within R&B limit and in Indonesia | Eligible Claim Amount in Higher R&B and/or Overseas | Deductible | Claim amount after deductible | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| Emergency treatment for accidental injury (Incl. dental) | | | As-charged | 6,500,000 | | - | - |
| Continued outpatient treatment for accdental injury | | | As-charged | 6,500,000 | | - | - |
| One Day Surgery | | | I: 17,000<br>II: 30,000<br>III: 50,000<br>IV: 80,000 | I: 17,000<br>II: 30,000<br>III: 50,000<br>IV: 80,000 | | - | - |
| Pre-Treatment of Day Surgery | | | As-charged | 2,000,000 | | - | - |
| Post-Treatment of Day Surgery | | | As-charged | 2,000,000 | | - | - |
| Outpatient Kidney Dialysis | 1 | 50,000,000 | As-charged | 16,000,000 | | 50,000,000 | 50,000,000 |
| Outpatient Cancer Treatment | | | As-charged | 70,000,000 | | - | - |
| Surveilance Benefit for Cancer | | | As-charged | 16,000,000 | | - | - |
| **Subtotal Outpatient Benefits** | | **50,000,000** | | | | **50,000,000** | **50,000,000** |



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**Special Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount within R&B limit and in Indonesia | Eligible Claim Amount in Higher R&B and/or Overseas | Deductible | Claim amount after deductible | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| Breast reconstruction surgery after mastectomy due to cancer or accident | | | As-charged | 80,000,000 | | - | - |
| Face reconstruction due to cancer or accident | | | As-charged | 80,000,000 | | - | - |
| Home Nursing Care | | | As-charged | 350,000 | | - | - |
| Third Party Donor upon major organ transplant (including kidney, liver, heart, lungs, and bone narrow) | | | As-charged | 250,000,000 | | - | - |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Inpatient | | | As-charged | 700,000 | | - | - |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Outpatient | | | As-charged | 700,000 | | - | - |
| Funeral Benefit | | | 15,000,000 | 15,000,000 | | - | - |
| HIV/AIDS Benefit | | | 15,000,000 | 15,000,000 | | - | - |
| Marhamah Compensation Benefit (Syariah Only) | | | 15,000,000 | 15,000,000 | | | |
| **Subtotal Special Benefits** | | - | | | | - | - |

| | |
|---|---|
| **Total Claim Submitted** | **98,900,000** |
| **Total Claim Amount After Deductible** | **98,550,000** |
| **Total Claim Amount Paid by PLA** | **98,550,000** |
| **Total Claim Paid by Customer** | **350,000** |



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## Example 16 – Cermat 3 – If the insured wants to stay in the higher grade room since day 1

**Criteria:**

| Plan | Coverage Area | Room | Fixed Amount | Deductible Option | Room availability according to the Plan | Selected Room | Area of Treatment | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Inpatient & Surgical | Oupatient | Special Benefit |
| Cermat 3 | Indonesia | 650,000 | 650,000 | Unapplied | Available | Upgrade to higher room | Indonesia | Indonesia | Indonesia |

Annie (35, FNS) who owned a PRUPrime Healthcare Plus Pro Policy with Cermat 3 is being hospitalized for 7 days in Hospital A located in Indonesia due to Kidney Failure. According to the selected plan, she is entitled to the room of IDR 650,000 as the covered room type. However, she wants to stay in higher room (Class 1) for the first 4 days and then moved to the room type which matches her plan for the rest of the day after the covered room type was available. Couple weeks later, she had some outpatient treatments and special benefits in Indonesia. She incurred medical treatment giving a total patient bill of IDR 99,800,000.

Below is the Room Price List in Hospital A:

| Room Type | Price | Fixed Amount |
|---|---|---|
| Class III | 650,000 | 650,000 |
| Class II | 900,000 | |
| Class I | 1,000,000 | |

**Room**

| Room | No of Days | Claim Submitted | Eligible Claim Amount within R&B limit and in Indonesia | Eligible Claim Amount in Higher R&B and/or Overseas | Deductible | Claim amount after deductible | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| Default as charged 2 days - one grade higher | | | | | | - | - |
| Class III | 3 | 1,950,000 | 1,950,000 | | | 1,950,000 | 1,950,000 |
| Higher grader | 4 | 4,000,000 | | 2,600,000 | | 2,600,000 | 2,600,000 |
| **Total Room Expenses** | 7 | 5,950,000 | 1,950,000 | | | 4,550,000 | 4,550,000 |



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**Inpatient & Surgical Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount within R&B limit and in Indonesia | Eligible Claim Amount in Higher R&B and/or Overseas | Deductible | Claim amount after deductible | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| Intensive Care Unit (ICU) | | | 1,300,000 | 1,300,000 | | - | - |
| General Practioner Visit | 7 | 350,000 | As-charged | 250,000 | | 2,450,000 | 2,450,000 |
| Specialist Visit | 5 | 700,000 | As-charged | 350,000 | | 3,500,000 | 3,500,000 |
| Operating Charge (Type II) | 1 | 18,000,000 | I: 17,000<br>II: 30,000<br>III: 50,000<br>IV: 80,000 | I: 17,000<br>II: 30,000<br>III: 50,000<br>IV: 80,000 | | 18,000,000 | 18,000,000 |
| Pre-hospitalisation treatment | | | As-charged | 2,000,000 | | - | - |
| Post-hospitalisation treatment | | | As-charged | 2,000,000 | | - | - |
| Telehealth in Indonesia | | | As-charged | As-charged | | - | - |
| Miscellaneous Expense | 1 | 15,000,000 | As-charged | 10,000,000 | | 15,000,000 | 15,000,000 |
| Local Ambulance Service | | | As-charged | 450,000 | | - | - |
| Lodging for Companion | 7 | 350,000 | 300,000 | 300,000 | | 2,100,000 | 2,100,000 |
| Daily Cash Benefit | 7 | 350,000 | 400,000 | 400,000 | | 2,450,000 | 2,450,000 |
| **Subtotal Inpatient & Surgical Benefits** | | **43,850,000** | | | | **43,500,000** | **43,500,000** |

**Outpatient Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount within R&B limit and in Indonesia | Eligible Claim Amount in Higher R&B and/or Overseas | Deductible | Claim amount after deductible | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| Emergency treatment for accidental injury (Incl. dental) | | | As-charged | 6,500,000 | | - | - |
| Continued outpatient treatment for accdental injury | | | As-charged | 6,500,000 | | - | - |
| One Day Surgery | | | I: 17,000<br>II: 30,000<br>III: 50,000<br>IV: 80,000 | I: 17,000<br>II: 30,000<br>III: 50,000<br>IV: 80,000 | | - | - |
| Pre-Treatment of Day Surgery | | | As-charged | 2,000,000 | | - | - |
| Post-Treatment of Day Surgery | | | As-charged | 2,000,000 | | - | - |
| Outpatient Kidney Dialysis | 1 | 50,000,000 | As-charged | 16,000,000 | | 50,000,000 | 50,000,000 |
| Outpatient Cancer Treatment | | | As-charged | 70,000,000 | | - | - |
| Surveilance Benefit for Cancer | | | As-charged | 16,000,000 | | - | - |
| **Subtotal Outpatient Benefits** | | **50,000,000** | | | | **50,000,000** | **50,000,000** |



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**Special Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount within R&B limit and in Indonesia | Eligible Claim Amount in Higher R&B and/or Overseas | Deductible | Claim amount after deductible | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| Breast reconstruction surgery after mastectomy due to cancer or accident | | | As-charged | 80,000,000 | | - | - |
| Face reconstruction due to cancer or accident | | | As-charged | 80,000,000 | | - | - |
| Home Nursing Care | | | As-charged | 350,000 | | - | - |
| Third Party Donor upon major organ transplant (including kidney, liver, heart, lungs, and bone narrow) | | | As-charged | 250,000,000 | | - | - |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Inpatient | | | As-charged | 700,000 | | - | - |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Outpatient | | | As-charged | 700,000 | | - | - |
| Funeral Benefit | | | 15,000,000 | 15,000,000 | | - | - |
| HIV/AIDS Benefit | | | 15,000,000 | 15,000,000 | | - | - |
| Marhamah Compensation Benefit (Syariah Only) | | | 15,000,000 | 15,000,000 | | | |
| **Subtotal Special Benefits** | | - | | | | - | - |

| | |
|---|---|
| **Total Claim Submitted** | **99,800,000** |
| **Total Claim Amount After Deductible** | **98,050,000** |
| **Total Claim Amount Paid by PLA** | **98,050,000** |
| **Total Claim Paid by Customer** | **1,750,000** |



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## Example 17 – Pro-ration for ICU

**Criteria:**

| Plan | Coverage Area | Room | Fixed Amount | Deductible | Room availability according to the Plan | Selected Room | Area of Treatment | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Inpatient & Surgical | Outpatient | Special Benefit |
| Silver B | **Asia (Excl. JPN, HK, SG)** | Cheapest 1-bed-1-room with bathroom inside | 1,100,000 | Unapplied | Not available | **Upgrade to one level higher room** | **Indonesia** | **Indonesia** | **Indonesia** |

Zayn (35, MNS) who owned a PRUPrime Healthcare Plus Pro Policy with Silver B is being hospitalized for 7 days in Hospital A located in Indonesia due to Kidney Failure. Due to his accute Kidney Failure, he is treated in ICU for two days and then moved to regular room. However, due to unavailability of that corresponding room type, he had to stay in one-level-higher room for the first 3 days and then moved to the room type which matches her plan for the rest of the day after the covered room type was available. Couple weeks later, he had some outpatient treatments, special benefits, and outpatient benefit without prior inpatient (optional benefit) in Indonesia. He incurred medical treatment giving a total patient bill of IDR 2,751,000,000.

Below is the Room Price List in Hospital A:

| Room Type | Price | Fixed Amount |
|---|---|---|
| Cheapest 1- bed-1-room with bathroom inside (Class 1) | 1,500,000 | 1,100,000 |
| VIP | 2,000,000 | |
| VVIP | 3,000,000 | |

**The pro-ration factor can be calculated as follow:**

$$\text{Proration room type} = \frac{(2\times2{,}000{,}000)+(3\times1{,}500{,}000)+200{,}000{,}000}{(2\times2{,}000{,}000)+(2\times1{,}500{,}000)+(1\times2{,}000{,}000)+200{,}000{,}000} = \frac{208{,}500{,}000}{209{,}000{,}000} = 0{,}99761 = \mathbf{99{,}761}\%$$

The claim incurred by Zayn for the Room Benefit is detailed as follow:



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**Room Benefit**

| Room Type | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Validation | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| Default as charged 2 days - one grade higher | 2 | 4,000,000 | 4,000,000 | - | 4,000,000 | 4,000,000 | 4,000,000 |
| Cheapest 1-Bed-1-Room with bathroom inside (Class 1) | 2 | 3,000,000 | 3,000,000 | - | 3,000,000 | [redacted] | 3,000,000 |
| One grade higher (VIP) | 1 | 2,000,000 | 1,500,000 | - | 1,500,000 | [redacted] | 1,500,000 |
| Two grades higher (VVIP) | - | - | - | - | - | [redacted] | - |
| Three grades higher | - | - | - | - | - | [redacted] | - |
| **Subtotal Room Benefit** | **5** | **9,000,000** | **8,500,000** | **-** | **8,500,000** | | **8,500,000** |

**The claims paid by PLA are detailed as follow:**

**Inpatient & Surgical Treatments - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Intensive Care Unit (ICU) | 2 | 200,000,000 | 200,000,000 | - | 200,000,000 | 199,522,000 |
| General Practitioner Visit | | 15,000,000 | 15,000,000 | - | 15,000,000 | 14,964,150 |
| Specialist Visit | | 20,000,000 | 20,000,000 | - | 20,000,000 | 19,952,200 |
| Operating Charge (Surgeon's, Theatre's, Anesthetist's, including organ transplantation for insured) | | 800,000,000 | 800,000,000 | - | 800,000,000 | 798,088,000 |
| Pre-hospitalization treatment | | 15,000,000 | 15,000,000 | - | 15,000,000 | 15,000,000 |
| Post-hospitalization | | 25,000,000 | 25,000,000 | - | 25,000,000 | 25,000,000 |
| Telehealth in Indonesia | | - | - | - | - | - |
| Telehealth for Cancer Treatment in Malaysia or Singapura | | - | - | - | - | - |
| Miscellaneous Expense | | 60,000,000 | 60,000,000 | - | 60,000,000 | 59,856,600 |
| Local Ambulance Service | | - | - | - | - | - |
| **Subtotal As Charged Benefits** | **2** | **1,135,000,000** | **1,135,000,000** | - | **1,135,000,000** | **1,132,382,950** |

**Inpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit | Inner Limit Notes | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Lodging for Companion | 7 | 7,000,000 | 4,550,000 | - | 4,550,000 | 650,000 | per day | 4,550,000 |



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| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Daily Cash Benefit | | - | - | - | - | 1,000,000 | per day | - |
| **Subtotal Inner Limit Benefits** | **7** | **7,000,000** | **4,550,000** | **-** | **4,550,000** | | | **4,550,000** |

**Outpatient Treatments - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Emergency treatment for accidental injury (Incl. dental) | | - | - | - | - | - |
| Continued outpatient treatment for accidental injury | | - | - | - | - | - |
| One Day Surgery | | - | - | - | - | - |
| Pre-Treatment of Day Surgery | | - | - | - | - | - |
| Post-Treatment of Day Surgery | | - | - | - | - | - |
| Outpatient Kidney Dialysis | | 750,000,000 | 750,000,000 | - | 750,000,000 | 750,000,000 |
| Outpatient Cancer Treatment | | - | - | - | - | - |
| Surveillance Benefit for Cancer | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **750,000,000** | **750,000,000** | **-** | **750,000,000** | **750,000,000** |

**Outpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit per Day | Inner Limit per Year | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Traditional Medical Treatment | | - | - | - | - | 1,000,000 | 15,000,000 | - |
| **Subtotal Inner Limit Benefits** | | - | - | **-** | - | | | - |

**Special Benefits - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Breast reconstruction surgery after mastectomy due to cancer or accident | | - | - | - | - | - |
| Face reconstruction due to cancer or accident | | - | - | - | - | - |
| Other Reconstruction Surgeries due to Cancer or Accident excluding Breast and Face Reconstruction | | - | - | - | - | - |
| Home Nursing Care | | 35,000,000 | 35,000,000 | - | 35,000,000 | 35,000,000 |
| Third Party Donor upon major organ transplant (including kidney, liver, heart, lungs, and bone narrow) | | 800,000,000 | 800,000,000 | - | 800,000,000 | 798,088,000 |



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| | | | | | | |
|---|---|---|---|---|---|---|
| Psychiatric and Psychological Care | | - | - | - | - | - |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Inpatient | | 15,000,000 | 15,000,000 | - | 15,000,000 | 14,964,150 |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Outpatient | | - | - | - | - | - |
| Palliative Care | | - | - | - | - | - |
| **Subtotal As Charged Benefits** | | **850,000,000** | **850,000,000** | **-** | **850,000,000** | **848,052,150** |

**Special Benefits - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| HIV/AIDS Benefit | | - | - | - | - | 15,000,000 | - |
| Funeral Benefit | | - | - | - | - | 15,000,000 | - |
| **Subtotal Inner Limit Benefits** | | - | - | - | - | | - |

| | |
|---|---|
| **Total Claim Submitted** | **2,751,000,000** |
| **Total Claim Amount After Deductible** | **2,748,550,000** |
| **Total Claim Amount After Pro-rate (Total Claim Paid by PLA)** | **2,743,485,100** |
| **Total Claim Paid by Customer** | **7,514,900** |



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## Example 18 – Staying 2 Days in Higher Room after Discharged from ICU

**Criteria:**

| Plan | Coverage Area | Room | Fixed Amount | Deductible | Room availability according to the Plan | Selected Room | Area of Treatment | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Inpatient & Surgical | Outpatient | Special Benefit |
| Silver B | Asia (Exclude JPN, HK, SG) | Cheapest 1-bed-1-room with bathroom inside | 1,100,000 | **Unapplied** | **Not Available** | **Upgrade to one-level-higher room** | Indonesia | Indonesia | Indonesia |

Bella (35, FNS) who owned a PRUPrime Healthcare Plus Pro Policy with Silver B is being hospitalized for 7 days in Hospital A located in Indonesia due to Kidney Failure. According to the selected plan, she is entitled to the cheapest-1-bed-1-room with bathroom inside or Fixed Amount of IDR 1,100,000 as the covered room type. Due to her accute Kidney Failure, she is treated in ICU for two days and then moved to regular room. However, due to unavailability of that corresponding room type, she had to stay in one-level-higher room for the first 2 days and then moved to the room type which matches her plan for the rest of the day after the covered room type was available. Couple weeks later, she had some outpatient treatments and special benefits in Indonesia. She incurred medical treatment giving a total patient bill of IDR 1,348,050,000.

Below is the Room Price List in Hospital A:

| Room Type | Price | Fixed Amount |
|---|---|---|
| Cheapest 1- bed-1-room with bathroom inside (Class 1) | 1,500,000 | 1,100,000 |
| VIP | 2,000,000 | |
| VVIP | 3,000,000 | |

Since the room type covered by the selected plan was not available at the time Bella was being hospitalized, therefore Bella was eligible to stay in one grade higher room (in this case, VIP room) for 2 days without having to pay the excess. The claim incurred by Bella for the Room Benefit is detailed as follow:

**Room Benefit**

| Room Type | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Validation | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| Default as charged 2 days - one grade higher | 2 | 4,000,000 | 4,000,000 | - | 4,000,000 | 4,000,000 | 4,000,000 |
| Cheapest 1-Bed-1-Room with bathroom inside (Class 1) | 3 | 4,500,000 | 4,500,000 | - | 4,500,000 | | 4,500,000 |
| One grade higher (VIP) | - | - | - | - | - | | - |



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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Two grades higher (VVIP) | - | - | - | - | - | | - |
| Three grades higher | - | - | - | - | - | | - |
| **Subtotal Room Benefit** | **5** | **8,500,000** | **8,500,000** | **-** | **8,500,000** | | **8,500,000** |

**Given the claim details, the pro-ration factor can be calculated as follow:**

$$\text{Proration factor} = \frac{(2\times2{,}000{,}000)+(3\times1{,}500{,}000)+100{,}000{,}000}{(2\times2{,}000{,}000)+(3\times1{,}500{,}000)+100{,}000{,}000} = \frac{111{,}500{,}000}{111{,}500{,}000} = 0.1 = \mathbf{100}\%$$

**The claims paid by PLA are detailed as follow:**

**Inpatient & Surgical Treatments - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Intensive Care Unit (ICU) | 2 | 100,000,000 | 100,000,000 | - | 100,000,000 | 100,000,000 |
| General Practitioner Visit | | 5,000,000 | 5,000,000 | - | 5,000,000 | 5,000,000 |
| Specialist Visit | | 10,000,000 | 10,000,000 | - | 10,000,000 | 10,000,000 |
| Operating Charge (Surgeon's, Theatre's, Anesthetist's, including organ transplantation for insured) | | 500,000,000 | 500,000,000 | - | 500,000,000 | 500,000,000 |
| Pre-hospitalization treatment | | 5,000,000 | 5,000,000 | - | 5,000,000 | 5,000,000 |
| Post-hospitalization | | 15,000,000 | 15,000,000 | - | 15,000,000 | 15,000,000 |
| Telehealth in Indonesia | | - | - | - | - | - |
| Telehealth for Cancer Treatment in Malaysia or Singapura | | - | - | - | - | - |
| Miscellaneous Expense | | 30,000,000 | 30,000,000 | - | 30,000,000 | 30,000,000 |
| Local Ambulance Service | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | **2** | **665,000,000** | **665,000,000** | **-** | **665,000,000** | **665,000,000** |

**Inpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit | Inner Limit Notes | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Lodging for Companion | 7 | 4,550,000 | 4,550,000 | - | 4,550,000 | 650,000 | per day | 4,550,000 |
| Daily Cash Benefit | | - | - | - | - | 1,000,000 | per day | - |
| **Subtotal Inner Limit Benefits** | **7** | **4,550,000** | **4,550,000** | **-** | **4,550,000** | | | **4,550,000** |



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**Outpatient Treatments - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Emergency treatment for accidental injury (Incl. dental) | | - | - | - | - | - |
| Continued outpatient treatment for accidental injury | | - | - | - | - | - |
| One Day Surgery | | - | - | - | - | - |
| Pre-Treatment of Day Surgery | | - | - | - | - | - |
| Post-Treatment of Day Surgery | | - | - | - | - | - |
| Outpatient Kidney Dialysis | | 300,000,000 | 300,000,000 | - | 300,000,000 | 300,000,000 |
| Outpatient Cancer Treatment | | - | - | - | - | - |
| Surveillance Benefit for Cancer | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **300,000,000** | **300,000,000** | **-** | **300,000,000** | **300,000,000** |

**Outpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit per Day | Inner Limit per Year | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Traditional Medical Treatment | | - | - | - | - | 1,000,000 | 15,000,000 | - |
| **Subtotal Inner Limit Benefits** | | - | - | - | - | | | - |

**Special Benefits - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Breast reconstruction surgery after mastectomy due to cancer or accident | | - | - | - | - | - |
| Face reconstruction due to cancer or accident | | - | - | - | - | - |
| Other Reconstruction Surgeries due to Cancer or Accident excluding Breast and Face Reconstruction | | - | - | - | - | - |
| Home Nursing Care | | 15,000,000 | 15,000,000 | - | 15,000,000 | 15,000,000 |
| Third Party Donor upon major organ transplant (including kidney, liver, heart, lungs, and bone narrow) | | 350,000,000 | 350,000,000 | - | 350,000,000 | 350,000,000 |



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| | | | | | | |
|---|---|---|---|---|---|---|
| Psychiatric and Psychological Care | | - | - | - | - | - |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Inpatient | | 5,000,000 | 5,000,000 | - | 5,000,000 | 5,000,000 |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Outpatient | | - | - | - | - | - |
| Palliative Care | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **370,000,000** | **370,000,000** | **-** | **370,000,000** | **370,000,000** |

**Special Benefits - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| HIV/AIDS Benefit | | - | - | - | - | 15,000,000 | - |
| Funeral Benefit | | - | - | - | - | 15,000,000 | - |
| **Subtotal Inner Limit Benefits** | | - | - | - | - | | - |

| | |
|---|---|
| **Total Claim Submitted** | **1,348,050,000** |
| **Total Claim Amount After Deductible** | **1,348,050,000** |
| **Total Claim Amount After Pro-rate (Total Claim Paid by PLA)** | **1,348,050,000** |
| **Total Claim Paid by Customer** | - |



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## Example 19 – Received Telehealth Consultation after Kidney Failure Surgery

**Criteria:**

| Plan | Coverage Area | Room | Fixed Amount | Deductible | Room availability according to the Plan | Selected Room | Area of Treatment | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Inpatient & Surgical | Outpatient | Special Benefit |
| Silver B | Asia (Exclude JPN, HK, SG) | Cheapest 1-bed-1-room with bathroom inside | 1,100,000 | **Unapplied** | **Available** | Cheapest 1-bed-1-room with bathroom inside | Indonesia | Indonesia | Indonesia |

Michael (30, MNS) who owned a PRUPrime Healthcare Plus Pro Policy with Silver B is being hospitalized for 10 days in Hospital A located in Indonesia due to Kidney Failure Surgery. According to the selected plan, he is entitled to the cheapest-1-bed-1-room with bathroom inside or Fixed Amount of IDR 1,100,000 as the covered room type. Two weeks later, he had some outpatient treatments, special benefits, and telehealth consultation in Indonesia. He incurred medical treatment giving a total patient bill of IDR 961,000,000.

Below is the Room Price List in Hospital A:

| Room Type | Price | Fixed Amount |
|---|---|---|
| Cheapest 1- bed-1-room with bathroom inside (Class 1) | 1,500,000 | 1,100,000 |
| VIP | 2,000,000 | |
| VVIP | 3,000,000 | |

The claim incurred by Michael for the Room Benefit is detailed as follow:

**Room Benefit**

| Room Type | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Validation | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| Default as charged 2 days - one grade higher | - | - | - | - | - | | - |
| Cheapest 1-Bed-1-Room with bathroom inside (Class 1) | 10 | 15,000,000 | 15,000,000 | - | 15,000,000 | | 15,000,000 |



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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| One grade higher (VIP) | - | - | - | - | - | | - |
| Two grades higher (VVIP) | - | - | - | - | - | | - |
| Three grades higher | - | - | - | - | - | | - |
| **Subtotal Room Benefit** | **10** | **15,000,000** | **15,000,000** | **-** | **15,000,000** | | **15,000,000** |

**Given the claim details, the pro-ration factor can be calculated as follow:**

$$\text{Proration factor} = \frac{(10 \times 1{,}500{,}000)}{(10 \times 1{,}500{,}000)} = \frac{15{,}000{,}000}{15{,}000{,}000} = 1 = \mathbf{100\%}$$

**The claims paid by PLA are detailed as follow:**

**Inpatient & Surgical Treatments - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Intensive Care Unit (ICU) | | - | - | - | - | - |
| General Practitioner Visit | | 5,000,000 | 5,000,000 | - | 5,000,000 | 5,000,000 |
| Specialist Visit | | 10,000,000 | 10,000,000 | - | 10,000,000 | 10,000,000 |
| Operating Charge (Surgeon's, Theatre's, Anesthetist's, including organ transplantation for insured) | | 500,000,000 | 500,000,000 | - | 500,000,000 | 500,000,000 |
| Pre-hospitalization treatment | | 5,000,000 | 5,000,000 | - | 5,000,000 | 5,000,000 |
| Post-hospitalization | | 15,000,000 | 15,000,000 | - | 15,000,000 | 15,000,000 |
| Telehealth in Indonesia | | 5,000,000 | 5,000,000 | - | 5,000,000 | 5,000,000 |
| Telehealth for Cancer Treatment in Malaysia or Singapura | | - | - | - | - | - |
| Miscellaneous Expense | | 30,000,000 | 30,000,000 | - | 30,000,000 | 30,000,000 |
| Local Ambulance Service | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **570,000,000** | **570,000,000** | **-** | **570,000,000** | **570,000,000** |

**Inpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit | Inner Limit Notes | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Lodging for Companion | 10 | 6,000,000 | 6,000,000 | - | 6,000,000 | 650,000 | per day | 6,000,000 |
| Daily Cash Benefit | | - | - | - | - | 1,000,000 | per day | - |



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| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Subtotal Inner Limit Benefits** | **10** | **6,000,000** | **6,000,000** | **-** | **6,000,000** | | | **6,000,000** |

**Outpatient Treatments - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Emergency treatment for accidental injury (Incl. dental) | | - | - | - | - | - |
| Continued outpatient treatment for accidental injury | | - | - | - | - | - |
| One Day Surgery | | - | - | - | - | - |
| Pre-Treatment of Day Surgery | | - | - | - | - | - |
| Post-Treatment of Day Surgery | | - | - | - | - | - |
| Outpatient Kidney Dialysis | | - | - | - | - | - |
| Outpatient Cancer Treatment | | - | - | - | - | - |
| Surveillance Benefit for Cancer | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | - | - | - | - | - |

**Outpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit per Day | Inner Limit per Year | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Traditional Medical Treatment | | - | - | - | - | 1,000,000 | 15,000,000 | - |
| **Subtotal Inner Limit Benefits** | | - | - | - | - | | | - |

**Special Benefits - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Breast reconstruction surgery after mastectomy due to cancer or accident | | - | - | - | - | - |
| Face reconstruction due to cancer or accident | | - | - | - | - | - |
| Other Reconstruction Surgeries due to Cancer or Accident excluding Breast and Face Reconstruction | | - | - | - | - | - |
| Home Nursing Care | | 15,000,000 | 15,000,000 | - | 15,000,000 | 15,000,000 |



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| | | | | | | |
|---|---|---|---|---|---|---|
| Third Party Donor upon major organ transplant (including kidney, liver, heart, lungs, and bone narrow) | | 350,000,000 | 350,000,000 | - | 350,000,000 | 350,000,000 |
| Psychiatric and Psychological Care | | - | - | - | - | - |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Inpatient | | 5,000,000 | 5,000,000 | - | 5,000,000 | 5,000,000 |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Outpatient | | - | - | - | - | - |
| Palliative Care | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **370,000,000** | **370,000,000** | **-** | **370,000,000** | **370,000,000** |

**Special Benefits - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| HIV/AIDS Benefit | | - | - | - | - | 15,000,000 | - |
| Funeral Benefit | | - | - | - | - | 15,000,000 | - |
| **Subtotal Inner Limit Benefits** | | - | - | - | - | | - |

| | |
|---|---|
| **Total Claim Submitted** | **961,000,000** |
| **Total Claim Amount After Deductible** | **961,000,000** |
| **Total Claim Amount After Pro-rate (Total Claim Paid by PLA)** | **961,000,000** |
| **Total Claim Paid by Customer** | - |



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## Example 20 – Received Telehealth Consultation before Cancer Diagnosis in Singapore

**Criteria:**

| Coverage Area | Room | Fixed Amount | Deductible | Room availability according to the Plan | Selected Room | Area of Treatment | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | Inpatient & Surgical | Outpatient | Special Benefit |
| Asia (Exclude JPN, HK, SG) | Cheapest 1-bed-1-room with bathroom inside | 1,100,000 | **Unapplied** | **Available** | Cheapest 1-bed-1-room with bathroom inside | Singapore | Indonesia | Indonesia |

Dian (30, FNS) who owned a PRUPrime Healthcare Plus Pro Policy with Silver B is being hospitalized for 7 days in Hospital A as PMN partner hospital located in Singapore due to Cancer Diagnosis. Two weeks before the inpatient treatment, she received Telehealth Consultation about Cancer Diagnosis with same Specialists from Hospital A. According to the selected plan, she is entitled to the cheapest-1-bed-1-room with bathroom inside or Fixed Amount of IDR 1,100,000 as the covered room type. A week later after discharged from Hospital A in Singapore, she had some outpatient treatments and special benefits in Indonesia. She incurred medical treatment giving a total patient bill of IDR 187,000,000.

Below is the Room Price List in Hospital A:

| Room Type | Price | Fixed Amount |
|---|---|---|
| Cheapest 1- bed-1-room with bathroom inside (Class 1) | 5,000,000 | 1,100,000 |
| VIP | 8,000,000 | |
| VVIP | 12,000,000 | |

Since the hospitalization is performed outside of coverage area, the medical expense was subject to pro-ration in accordance with table of percentage below:

| Treatment in | Plan Type | | | |
|---|---|---|---|---|
| | Asia excl SG, JPN, HK | Asia | Worldwide excl US | Worldwide |
| Asia, excl SG, JPN, HK | 100% | 100% | 100% | 100% |
| SG, JPN, HK | 30% | 100% | 100% | 100% |
| Worldwide excl US | 15% | 60% | 100% | 100% |



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| | | | | |
|---|---|---|---|---|
| Worldwide | 10% | 40% | 60% | 100% |

The claim incurred by Dian for the Room Benefit is detailed as follow:

**Room Benefit**

| Room Type | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Validation | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| Default as charged 2 days - one grade higher | - | - | - | - | - | | - |
| Cheapest 1-Bed-1-Room with bathroom inside (Class 1) | 7 | 35,000,000 | 35,000,000 | - | 35,000,000 | | 10,500,000 |
| One grade higher (VIP) | - | - | - | - | - | | - |
| Two grades higher (VVIP) | - | - | - | - | - | | - |
| Three grades higher | - | - | - | - | - | | - |
| **Subtotal Room Benefit** | **7** | **35,000,000** | **35,000,000** | **-** | **35,000,000** | | **10,500,000** |

**Given the claim details, the pro-ration factor can be calculated as follow:**

$$\text{Proration factor} = \frac{(7 \times 5{,}000{,}000)}{(7 \times 5{,}000{,}000)} = \frac{35{,}000{,}000}{35{,}000{,}000} = 1 = \mathbf{100}\%$$

**The claims paid by PLA are detailed as follow:**

**Inpatient & Surgical Treatments - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Intensive Care Unit (ICU) | | - | - | - | - | - |
| General Practitioner Visit | | 7,000,000 | 7,000,000 | - | 7,000,000 | 2,100,000 |
| Specialist Visit | | 20,000,000 | 20,000,000 | - | 20,000,000 | 6,000,000 |
| Operating Charge (Surgeon's, Theatre's, Anesthetist's, including organ transplantation for insured) | | - | - | - | - | - |
| Pre-hospitalization treatment | | - | - | - | - | - |



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| | | | | | | |
|---|---|---|---|---|---|---|
| Post-hospitalization | | - | - | - | - | - |
| Telehealth in Indonesia | | - | - | - | - | - |
| Telehealth for Cancer Treatment in Malaysia or Singapura | | 5,000,000 | 5,000,000 | - | 5,000,000 | 1,500,000 |
| Miscellaneous Expense | | 3,000,000 | 3,000,000 | - | 3,000,000 | 900,000 |
| Local Ambulance Service | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **35,000,000** | **35,000,000** | **-** | **35,000,000** | **10,500,000** |

**Inpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit | Inner Limit Notes | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Lodging for Companion | 7 | 7,000,000 | 4,550,000 | - | 4,550,000 | 650,000 | per day | 4,550,000 |
| Daily Cash Benefit | - | - | - | - | - | 1,000,000 | per day | - |
| **Subtotal Inner Limit Benefits** | **7** | **7,000,000** | **4,550,000** | **-** | **4,550,000** | | | **4,550,000** |

**Outpatient Treatments - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Emergency treatment for accidental injury (Incl. dental) | | - | - | - | - | - |
| Continued outpatient treatment for accidental injury | | - | - | - | - | - |
| One Day Surgery | | - | - | - | - | - |
| Pre-Treatment of Day Surgery | | - | - | - | - | - |
| Post-Treatment of Day Surgery | | - | - | - | - | - |
| Outpatient Kidney Dialysis | | - | - | - | - | - |
| Outpatient Cancer Treatment | | 100,000,000 | 100,000,000 | - | 100,000,000 | 100,000,000 |
| Surveillance Benefit for Cancer | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **100,000,000** | **100,000,000** | **-** | **100,000,000** | **100,000,000** |

**Outpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit per Day | Inner Limit per Year | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Traditional Medical Treatment | | - | - | - | - | 1,000,000 | 15,000,000 | - |



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| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Subtotal Inner Limit Benefits** | | - | - | - | - | | | - |

**Special Benefits - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Breast reconstruction surgery after mastectomy due to cancer or accident | | - | - | - | - | - |
| Face reconstruction due to cancer or accident | | - | - | - | - | - |
| Other Reconstruction Surgeries due to Cancer or Accident excluding Breast and Face Reconstruction | | - | - | - | - | - |
| Home Nursing Care | | 10,000,000 | 10,000,000 | - | 10,000,000 | 10,000,000 |
| Third Party Donor upon major organ transplant (including kidney, liver, heart, lungs, and bone narrow) | | - | - | - | - | - |
| Psychiatric and Psychological Care | | - | - | - | - | - |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Inpatient | | - | - | - | - | - |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Outpatient | | - | - | - | - | - |
| Palliative Care | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **10,000,000** | **10,000,000** | **-** | **10,000,000** | **10,000,000** |

**Special Benefits - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| HIV/AIDS Benefit | | - | - | - | - | 15,000,000 | - |
| Funeral Benefit | | - | - | - | - | 15,000,000 | - |
| **Subtotal Inner Limit Benefits** | | - | - | - | - | | - |



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| | |
|---|---|
| **Total Claim Submitted** | **187,000,000** |
| **Total Claim Amount After Deductible** | **184,550,000** |
| **Total Claim Amount After Pro-rate (Total Claim Paid by PLA)** | **135,550,000** |
| **Total Claim Paid by Customer** | **51,450,000** |



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## Example 21 – Received Psychiatric and Psychological Care due to stress response syndrome during Inpatient Cancer Treatment

**Criteria:**

| Plan | Coverage Area | Room | Fixed Amount | Deductible | Room availability according to the Plan | Selected Room | Area of Treatment | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Inpatient & Surgical | Outpatient | Special Benefit |
| Silver B | Asia (Exclude JPN, HK, SG) | Cheapest 1-bed-1-room with bathroom inside | 1,100,000 | **Unapplied** | **Available** | Cheapest 1-bed-1-room with bathroom inside | Indonesia | Indonesia | Indonesia |

Aldi (30, MS) who owned a PRUPrime Healthcare Plus Pro Policy with Silver B is being hospitalized for 14 days in Hospital A located in Indonesia due to Cancer Treatment. According to the selected plan, he is entitled to the cheapest-1-bed-1-room with bathroom inside or Fixed Amount of IDR 1,100,000 as the covered room type. During hospitalization, he was diagnosed stress response syndrom because of Cancer Treatment, thus he received Psychiatric and Psychological Care based on a written recommendation from a Specialist who was treating him during the hospitalization. Two weeks later, he had some outpatient treatments and special benefits in Indonesia. He incurred medical treatment giving a total patient bill of IDR 298,000,000.

Below is the Room Price List in Hospital A:

| Room Type | Price | Fixed Amount |
|---|---|---|
| Cheapest 1- bed-1-room with bathroom inside (Class 1) | 1,500,000 | 1,100,000 |
| VIP | 2,000,000 | |
| VVIP | 3,000,000 | |

The claim incurred by Aldi for the Room Benefit is detailed as follow:

| **Room Benefit** | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Room Type** | **No of Days** | **Claim Submitted** | **Eligible Claim Amount (a)** | **Deductible (b)** | **Claim amount after deductible (a)-(b)** | **Validation** | **Claim Paid by PLA** |



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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Default as charged 2 days - one grade higher | - | - | - | - | - | [redacted] | - |
| Cheapest 1-Bed-1-Room with bathroom inside (Class 1) | 14 | 21,000,000 | 21,000,000 | - | 21,000,000 | | 21,000,000 |
| One grade higher (VIP) | - | - | - | - | - | | - |
| Two grades higher (VVIP) | - | - | - | - | - | | - |
| Three grades higher | - | - | - | - | - | | - |
| **Subtotal Room Benefit** | **14** | **21,000,000** | **21,000,000** | **-** | **21,000,000** | | **21,000,000** |

**Given the claim details, the pro-ration factor can be calculated as follow:**

$$\text{Proration factor} = \frac{(14 \times 1{,}500{,}000)}{(14 \times 1{,}500{,}000)} = \frac{21{,}000{,}000}{21{,}000{,}000} = 1 = \mathbf{100\%}$$

**The claims paid by PLA are detailed as follow:**

**Inpatient & Surgical Treatments - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Intensive Care Unit (ICU) | | - | - | - | - | - |
| General Practitioner Visit | | 10,000,000 | 10,000,000 | - | 10,000,000 | 10,000,000 |
| Specialist Visit | | 20,000,000 | 20,000,000 | - | 20,000,000 | 20,000,000 |
| Operating Charge (Surgeon's, Theatre's, Anesthetist's, including organ transplantation for insured) | | 100,000,000 | 100,000,000 | - | 100,000,000 | 100,000,000 |
| Pre-hospitalization treatment | | 5,000,000 | 5,000,000 | - | 5,000,000 | 5,000,000 |
| Post-hospitalization | | 15,000,000 | 15,000,000 | - | 15,000,000 | 15,000,000 |
| Telehealth in Indonesia | | - | - | - | - | - |
| Telehealth for Cancer Treatment in Malaysia or Singapura | | - | - | - | - | - |
| Miscellaneous Expense | | 30,000,000 | 30,000,000 | - | 30,000,000 | 30,000,000 |
| Local Ambulance Service | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **180,000,000** | **180,000,000** | **-** | **180,000,000** | **180,000,000** |



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**Inpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit | Inner Limit Notes | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Lodging for Companion | 14 | 7,000,000 | 7,000,000 | - | 7,000,000 | 650,000 | per day | 7,000,000 |
| Daily Cash Benefit | | - | - | - | - | 1,000,000 | per day | - |
| **Subtotal Inner Limit Benefits** | **14** | **7,000,000** | **7,000,000** | **-** | **7,000,000** | | | **7,000,000** |

**Outpatient Treatments - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Emergency treatment for accidental injury (Incl. dental) | | - | - | - | - | - |
| Continued outpatient treatment for accidental injury | | - | - | - | - | - |
| One Day Surgery | | - | - | - | - | - |
| Pre-Treatment of Day Surgery | | - | - | - | - | - |
| Post-Treatment of Day Surgery | | - | - | - | - | - |
| Outpatient Kidney Dialysis | | - | - | - | - | - |
| Outpatient Cancer Treatment | | 70,000,000 | 70,000,000 | - | 70,000,000 | 70,000,000 |
| Surveillance Benefit for Cancer | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **70,000,000** | **70,000,000** | **-** | **70,000,000** | **70,000,000** |

**Outpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit per Day | Inner Limit per Year | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Traditional Medical Treatment | | - | - | - | - | 1,000,000 | 15,000,000 | - |
| **Subtotal Inner Limit Benefits** | | - | - | **-** | - | | | - |

**Special Benefits - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Breast reconstruction surgery after mastectomy due to cancer or accident | | - | - | - | - | - |



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| | | | | | | |
|---|---|---|---|---|---|---|
| Face reconstruction due to cancer or accident | | - | - | - | - | - |
| Other Reconstruction Surgeries due to Cancer or Accident excluding Breast and Face Reconstruction | | - | - | - | - | - |
| Home Nursing Care | | 15,000,000 | 15,000,000 | - | 15,000,000 | 15,000,000 |
| Third Party Donor upon major organ transplant (including kidney, liver, heart, lungs, and bone narrow) | | - | - | - | - | - |
| Psychiatric and Psychological Care | 5 | 5,000,000 | 5,000,000 | - | 5,000,000 | 5,000,000 |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Inpatient | | - | - | - | - | - |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Outpatient | | - | - | - | - | - |
| Palliative Care | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | 5 | **20,000,000** | **20,000,000** | **-** | **20,000,000** | **20,000,000** |

**Special Benefits - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| HIV/AIDS Benefit | | - | - | - | - | 15,000,000 | - |
| Funeral Benefit | | - | - | - | - | 15,000,000 | - |
| **Subtotal Inner Limit Benefits** | | - | - | - | - | | - |

| | |
|---|---|
| **Total Claim Submitted** | **298,000,000** |
| **Total Claim Amount After Deductible** | **298,000,000** |
| **Total Claim Amount After Pro-rate (Total Claim Paid by PLA)** | **298,000,000** |
| **Total Claim Paid by Customer** | - |



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## Example 22 – Received Traditional Medical Treatment recommended by treating Doctor after Acute Appendicitis Surgery

**Criteria:**

| Plan | Coverage Area | Room | Fixed Amount | Deductible | Room availability according to the Plan | Selected Room | Area of Treatment | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Inpatient & Surgical | Outpatient | Special Benefit |
| Silver B | Asia (Exclude JPN, HK, SG) | Cheapest 1-bed-1-room with bathroom inside | 1,100,000 | **Unapplied** | **Available** | Cheapest 1-bed-1-room with bathroom inside | Indonesia | Indonesia | Indonesia |

Devi (30, FNS) who owned a PRUPrime Healthcare Plus Pro Policy with Silver B is being hospitalized for 7 days in Hospital A located in Indonesia due to Acute Appendicitis Surgery. According to the selected plan, she is entitled to the cheapest-1-bed-1-room with bathroom inside or Fixed Amount of IDR 1,100,000 as the covered room type. After discharged from Hospital A, she is recommended by treating Doctor to consume some traditional medicines. She incurred medical treatment giving a total patient bill of IDR 33,700,000.

Below is the Room Price List in Hospital A:

| Room Type | Price | Fixed Amount |
|---|---|---|
| Cheapest 1- bed-1-room with bathroom inside (Class 1) | 1,100,000 | 1,100,000 |
| VIP | 2,000,000 | |
| VVIP | 3,000,000 | |

The claim incurred by Devi for the Room Benefit is detailed as follow:

**Room Benefit**

| Room Type | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Validation | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| Default as charged 2 days - one grade higher | - | - | - | - | - | | - |



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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Cheapest 1-Bed-1-Room with bathroom inside (Class 1) | 7 | 7,700,000 | 7,700,000 | - | 7,700,000 | [redacted] | 7,700,000 |
| One grade higher (VIP) | - | - | - | - | - | | - |
| Two grades higher (VVIP) | - | - | - | - | - | | - |
| Three grades higher | - | - | - | - | - | | - |
| **Subtotal Room Benefit** | **7** | **7,700,000** | **7,700,000** | **-** | **7,700,000** | | **7,700,000** |

**Given the claim details, the pro-ration factor can be calculated as follow:**

$$\text{Proration factor} = \frac{(7 \times 1{,}100{,}000)}{(7 \times 1{,}100{,}000)} = \frac{7{,}700{,}000}{7{,}700{,}000} = 1 = \mathbf{100}\%$$

**The claims paid by PLA are detailed as follow:**

**Inpatient & Surgical Treatments - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Intensive Care Unit (ICU) | | - | - | - | - | - |
| General Practitioner Visit | | 2,000,000 | 2,000,000 | - | 2,000,000 | 2,000,000 |
| Specialist Visit | | 5,000,000 | 5,000,000 | - | 5,000,000 | 5,000,000 |
| Operating Charge (Surgeon's, Theatre's, Anesthetist's, including organ transplantation for insured) | | 10,000,000 | 10,000,000 | - | 10,000,000 | 10,000,000 |
| Pre-hospitalization treatment | | 2,000,000 | 2,000,000 | - | 2,000,000 | 2,000,000 |
| Post-hospitalization | | - | - | - | - | - |
| Telehealth in Indonesia | | - | - | - | - | - |
| Telehealth for Cancer Treatment in Malaysia or Singapura | | - | - | - | - | - |
| Miscellaneous Expense | | 3,000,000 | 3,000,000 | - | 3,000,000 | 3,000,000 |
| Local Ambulance Service | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **22,000,000** | **22,000,000** | **-** | **22,000,000** | **22,000,000** |



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**Inpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit | Inner Limit Notes | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Lodging for Companion | 7 | 3,500,000 | 3,500,000 | - | 3,500,000 | 650,000 | per day | 3,500,000 |
| Daily Cash Benefit | | - | - | - | - | 1,000,000 | per day | - |
| **Subtotal Inner Limit Benefits** | **7** | **3,500,000** | **3,500,000** | **-** | **3,500,000** | | | **3,500,000** |

**Outpatient Treatments - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Emergency treatment for accidental injury (Incl. dental) | | - | - | - | - | - |
| Continued outpatient treatment for accidental injury | | - | - | - | - | - |
| One Day Surgery | | - | - | - | - | - |
| Pre-Treatment of Day Surgery | | - | - | - | - | - |
| Post-Treatment of Day Surgery | | - | - | - | - | - |
| Outpatient Kidney Dialysis | | - | - | - | - | - |
| Outpatient Cancer Treatment | | - | - | - | - | - |
| Surveillance Benefit for Cancer | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | - | - | **-** | - | - |

**Outpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit per Day | Inner Limit per Year | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Traditional Medical Treatment | 1 | 500,000 | 500,000 | - | 500,000 | 1,000,000 | 15,000,000 | 500,000 |
| **Subtotal Inner Limit Benefits** | **1** | **500,000** | **500,000** | **-** | **500,000** | | | **500,000** |

**Special Benefits - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Breast reconstruction surgery after mastectomy due to cancer or accident | | - | - | - | - | - |



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| | | | | | | |
|---|---|---|---|---|---|---|
| Face reconstruction due to cancer or accident | | - | - | - | - | - |
| Other Reconstruction Surgeries due to Cancer or Accident excluding Breast and Face Reconstruction | | - | - | - | - | - |
| Home Nursing Care | | - | - | - | - | - |
| Third Party Donor upon major organ transplant (including kidney, liver, heart, lungs, and bone narrow) | | - | - | - | - | - |
| Psychiatric and Psychological Care | | - | - | - | - | - |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Inpatient | | - | - | - | - | - |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Outpatient | | - | - | - | - | - |
| Palliative Care | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | - | - | - | - | - |

**Special Benefits - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| HIV/AIDS Benefit | | - | - | - | - | 15,000,000 | - |
| Funeral Benefit | | - | - | - | - | 15,000,000 | - |
| **Subtotal Inner Limit Benefits** | | - | - | - | - | | - |

| | |
|---|---|
| **Total Claim Submitted** | **33,700,000** |
| **Total Claim Amount After Deductible** | **33,700,000** |
| **Total Claim Amount After Pro-rate (Total Claim Paid by PLA)** | **33,700,000** |
| **Total Claim Paid by Customer** | - |



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## Example 23 – Received Palliative Care after diagnosed Late Stage Pancreatic Cancer as Terminal Ilness

**Criteria:**

| Plan | Coverage Area | Room | Fixed Amount | Deductible | Room availability according to the Plan | Selected Room | Area of Treatment | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Inpatient & Surgical | Outpatient | Special Benefit |
| Silver B | Asia (Exclude JPN, HK, SG) | Cheapest 1-bed-1-room with bathroom inside | 1,100,000 | **Unapplied** | **Available** | Cheapest 1-bed-1-room with bathroom inside | Indonesia | Indonesia | Indonesia |

Jason (50, MS) who owned a PRUPrime Healthcare Plus Pro Policy with Silver B is being hospitalized for 7 days in Hospital A located in Indonesia due to Late Stage Pancreatic Cancer. Doctor diagnosed his Late Stage Pancreatic Cancer as a Terminal Ilness and recommended him to receive Palliative Care. According to the selected plan, he is entitled to the cheapest-1-bed-1-room with bathroom inside or Fixed Amount of IDR 1,100,000 as the covered room type. After discharged from Hospital A, he still continued outpatient Palliative Care to reduce pain and symptomps. Two months after having outpatient Palliative Care, Jason died due to Late Stage Pancreatic Cancer. He incurred medical treatment giving a total patient bill of IDR 345,900,000 .

Below is the Room Price List in Hospital A:

| Room Type | Price | Fixed Amount |
|---|---|---|
| Cheapest 1- bed-1-room with bathroom inside (Class 1) | 1,100,000 | 1,100,000 |
| VIP | 2,000,000 | |
| VVIP | 3,000,000 | |

The claim incurred by Jason for the Room Benefit is detailed as follow:

**Room Benefit**

| Room Type | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Validation | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| Default as charged 2 days - one grade higher | - | - | - | - | - | | - |



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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Cheapest 1-Bed-1-Room with bathroom inside (Class 1) | 7 | 7,700,000 | 7,700,000 | - | 7,700,000 | [redacted] | 7,700,000 |
| One grade higher (VIP) | - | - | - | - | - | | - |
| Two grades higher (VVIP) | - | - | - | - | - | | - |
| Three grades higher | - | - | - | - | - | | - |
| **Subtotal Room Benefit** | **7** | **7,700,000** | **7,700,000** | **-** | **7,700,000** | | **7,700,000** |

**Given the claim details, the pro-ration factor can be calculated as follow:**

$$\text{Proration factor} = \frac{(7 \times 1{,}100{,}000)}{(7 \times 1{,}100{,}000)} = \frac{7{,}700{,}000}{7{,}700{,}000} = 1 = \mathbf{100}\%$$

**The claims paid by PLA are detailed as follow:**

**Inpatient & Surgical Treatments - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Intensive Care Unit (ICU) | | - | - | - | - | - |
| General Practitioner Visit | | 7,000,000 | 7,000,000 | - | 7,000,000 | 7,000,000 |
| Specialist Visit | | 25,000,000 | 25,000,000 | - | 25,000,000 | 25,000,000 |
| Operating Charge (Surgeon's, Theatre's, Anesthetist's, including organ transplantation for insured) | | - | - | - | - | - |
| Pre-hospitalization treatment | | - | - | - | - | - |
| Post-hospitalization | | - | - | - | - | - |
| Telehealth in Indonesia | | - | - | - | - | - |
| Telehealth for Cancer Treatment in Malaysia or Singapura | | - | - | - | - | - |
| Miscellaneous Expense | | 10,000,000 | 10,000,000 | - | 10,000,000 | 10,000,000 |
| Local Ambulance Service | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **42,000,000** | **42,000,000** | **-** | **42,000,000** | **42,000,000** |



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**Inpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit | Inner Limit Notes | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Lodging for Companion | 7 | 4,200,000 | 4,200,000 | - | 4,200,000 | 650,000 | per day | 4,200,000 |
| Daily Cash Benefit | - | - | - | - | - | 1,000,000 | per day | - |
| **Subtotal Inner Limit Benefits** | **7** | **4,200,000** | **4,200,000** | **-** | **4,200,000** | | | **4,200,000** |

**Outpatient Treatments - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Emergency treatment for accidental injury (Incl. dental) | | - | - | - | - | - |
| Continued outpatient treatment for accidental injury | | - | - | - | - | - |
| One Day Surgery | | - | - | - | - | - |
| Pre-Treatment of Day Surgery | | - | - | - | - | - |
| Post-Treatment of Day Surgery | | - | - | - | - | - |
| Outpatient Kidney Dialysis | | - | - | - | - | - |
| Outpatient Cancer Treatment | | - | - | - | - | - |
| Surveillance Benefit for Cancer | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | - | - | **-** | - | - |

**Outpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit per Day | Inner Limit per Year | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Traditional Medical Treatment | | - | - | - | - | 1,000,000 | 15,000,000 | - |
| **Subtotal Inner Limit Benefits** | | **-** | **-** | **-** | **-** | | | **-** |

**Special Benefits - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Breast reconstruction surgery after mastectomy due to cancer or accident | | - | - | - | - | - |



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| | | | | | | |
|---|---|---|---|---|---|---|
| Face reconstruction due to cancer or accident | | - | - | - | - | - |
| Other Reconstruction Surgeries due to Cancer or Accident excluding Breast and Face Reconstruction | | - | - | - | - | - |
| Home Nursing Care | 60 | 30,000,000 | 30,000,000 | - | 30,000,000 | 30,000,000 |
| Third Party Donor upon major organ transplant (including kidney, liver, heart, lungs, and bone narrow) | | - | - | - | - | - |
| Psychiatric and Psychological Care | | - | - | - | - | - |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Inpatient | | - | - | - | - | - |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Outpatient | | - | - | - | - | - |
| Palliative Care | 67 | 250,000,000 | 250,000,000 | - | 250,000,000 | 250,000,000 |
| **Subtotal As-Charged Benefits** | **127** | **280,000,000** | **280,000,000** | **-** | **280,000,000** | **280,000,000** |

**Special Benefits - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| HIV/AIDS Benefit | | - | - | - | - | 15,000,000 | - |
| Funeral Benefit | | 12,000,000 | 12,000,000 | - | 12,000,000 | 15,000,000 | 12,000,000 |
| **Subtotal Inner Limit Benefits** | | **12,000,000** | **12,000,000** | **-** | **12,000,000** | | **12,000,000** |

| | |
|---|---|
| **Total Claim Submitted** | **345,900,000** |
| **Total Claim Amount After Deductible** | **345,900,000** |
| **Total Claim Amount After Pro-rate (Total Claim Paid by PLA)** | **345,900,000** |
| **Total Claim Paid by Customer** | - |



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## Example 24 – Received Other Reconstruction Surgery for Prosthesis Leg Surgery due to Car Accident

**Criteria:**

| Plan | Coverage Area | Room | Fixed Amount | Deductible | Room availability according to the Plan | Selected Room | Area of Treatment | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Inpatient & Surgical | Outpatient | Special Benefit |
| Silver B | Asia (Exclude JPN, HK, SG) | Cheapest 1-bed-1-room with bathroom inside | 1,100,000 | **Unapplied** | **Available** | Cheapest 1-bed-1-room with bathroom inside | Singapore | Singapore | Singapore |

James (30, MNS) who owned a PRUPrime Healthcare Plus Pro Policy with Silver B is being hospitalized for 2 weeks in Hospital A located in Singapore due to Amputating Leg Surgery after Car Accident. According to the selected plan, he is entitled to the cheapest-1-bed-1-room with bathroom inside or Fixed Amount of IDR 1,100,000 as the covered room type. Two months after Amputating Leg Surgery, Doctor recommended him to receive Prosthesis Leg Surgery as he wants to be able to walk again. He is being hospitalized for another 3 weeks in Hospital A located in Singapore due to Prosthesis Leg Surgery. He incurred medical treatment giving a total patient bill of IDR 1,026,000,000.

Below is the Room Price List in Hospital A:

| Room Type | Price | Fixed Amount |
|---|---|---|
| Cheapest 1- bed-1-room with bathroom inside (Class 1) | 5,000,000 | 1,100,000 |
| VIP | 8,000,000 | |
| VVIP | 12,000,000 | |

Since the hospitalization is performed outside of coverage area, the medical expense was subject to pro-ration in accordance with table of percentage below:

| Treatment in | Plan Type | | | |
|---|---|---|---|---|
| | Asia excl SG, JPN, HK | Asia | Worldwide excl US | Worldwide |
| Asia, excl SG, JPN, HK | 100% | 100% | 100% | 100% |
| SG, JPN, HK | 30% | 100% | 100% | 100% |
| Worldwide excl US | 15% | 60% | 100% | 100% |



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| | | | | |
|---|---|---|---|---|
| Worldwide | 10% | 40% | 60% | 100% |

The claim incurred by James for the Room Benefit is detailed as follow:

**Room Benefit**

| Room Type | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Validation | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| Default as charged 2 days - one grade higher | - | - | - | - | - | | - |
| Cheapest 1-Bed-1-Room with bathroom inside (Class 1) | 35 | 175,000,000 | 175,000,000 | - | 175,000,000 | | 52,500,000 |
| One grade higher (VIP) | - | - | - | - | - | | - |
| Two grades higher (VVIP) | - | - | - | - | - | | - |
| Three grades higher | - | - | - | - | - | | - |
| **Subtotal Room Benefit** | **35** | **175,000,000** | **175,000,000** | **-** | **175,000,000** | | **52,500,000** |

**Given the claim details, the pro-ration factor can be calculated as follow:**

$$\text{Proration factor} = \frac{(35 \times 5{,}000{,}000)}{(35 \times 5{,}000{,}000)} = \frac{175{,}000{,}000}{175{,}000{,}000} = 1 = \mathbf{100}\%$$

**The claims paid by PLA are detailed as follow:**

**Inpatient & Surgical Treatments - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Intensive Care Unit (ICU) | | - | - | - | - | - |
| General Practitioner Visit | | 20,000,000 | 20,000,000 | - | 20,000,000 | 6,000,000 |
| Specialist Visit | | 80,000,000 | 80,000,000 | - | 80,000,000 | 24,000,000 |
| Operating Charge (Surgeon's, Theatre's, Anesthetist's, including organ transplantation for insured) | | 100,000,000 | 100,000,000 | - | 100,000,000 | 30,000,000 |
| Pre-hospitalization treatment | | - | - | - | - | - |
| Post-hospitalization | | - | - | - | - | - |
| Telehealth in Indonesia | | - | - | - | - | - |



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| | | | | | | |
|---|---|---|---|---|---|---|
| Telehealth for Cancer Treatment in Malaysia or Singapura | | - | - | - | - | - |
| Miscellaneous Expense | | 30,000,000 | 30,000,000 | - | 30,000,000 | 9,000,000 |
| Local Ambulance Service | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **230,000,000** | **230,000,000** | **-** | **230,000,000** | **69,000,000** |

**Inpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit | Inner Limit Notes | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Lodging for Companion | 35 | 21,000,000 | 21,000,000 | - | 21,000,000 | 650,000 | per day | 21,000,000 |
| Daily Cash Benefit | - | - | - | - | - | 1,000,000 | per day | - |
| **Subtotal Inner Limit Benefits** | **35** | **21,000,000** | **21,000,000** | **-** | **21,000,000** | | | **21,000,000** |

**Outpatient Treatments - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Emergency treatment for accidental injury (Incl. dental) | | - | - | - | - | - |
| Continued outpatient treatment for accidental injury | | - | - | - | - | - |
| One Day Surgery | | - | - | - | - | - |
| Pre-Treatment of Day Surgery | | - | - | - | - | - |
| Post-Treatment of Day Surgery | | - | - | - | - | - |
| Outpatient Kidney Dialysis | | - | - | - | - | - |
| Outpatient Cancer Treatment | | - | - | - | - | - |
| Surveillance Benefit for Cancer | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | - | - | **-** | - | - |

**Outpatient Treatment - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit per Day | Inner Limit per Year | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|---|
| Traditional Medical Treatment | | - | - | - | - | 1,000,000 | 15,000,000 | - |
| **Subtotal Inner Limit Benefits** | | **-** | **-** | **-** | **-** | | | **-** |



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**Special Benefits - As Charged Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Claim Paid by PLA |
|---|---|---|---|---|---|---|
| Breast reconstruction surgery after mastectomy due to cancer or accident | | - | - | - | - | - |
| Face reconstruction due to cancer or accident | | - | - | - | - | - |
| Other Reconstruction Surgeries due to Cancer or Accident excluding Breast and Face Reconstruction | | 500,000,000 | 500,000,000 | - | 500,000,000 | 150,000,000 |
| Home Nursing Care | | - | - | - | - | - |
| Third Party Donor upon major organ transplant (including kidney, liver, heart, lungs, and bone narrow) | | - | - | - | - | - |
| Psychiatric and Psychological Care | | - | - | - | - | - |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Inpatient | | 100,000,000 | 100,000,000 | - | 100,000,000 | 30,000,000 |
| Physiotherapy, Occupational Therapy, or Speech Therapy for Outpatient | | - | - | - | - | - |
| Palliative Care | | - | - | - | - | - |
| **Subtotal As-Charged Benefits** | | **600,000,000** | **600,000,000** | **-** | **600,000,000** | **180,000,000** |

**Special Benefits - Inner Limit Benefits**

| Room | No of Days | Claim Submitted | Eligible Claim Amount (a) | Deductible (b) | Claim amount after deductible (a)-(b) | Inner Limit | Claim Paid by PLA |
|---|---|---|---|---|---|---|---|
| HIV/AIDS Benefit | | - | - | - | - | 15,000,000 | - |
| Funeral Benefit | | - | - | - | - | 15,000,000 | - |
| **Subtotal Inner Limit Benefits** | | **-** | **-** | **-** | **-** | | **-** |



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| | |
|---|---|
| **Total Claim Submitted** | **1,026,000,000** |
| **Total Claim Amount After Deductible** | **1,026,000,000** |
| **Total Claim Amount After Pro-rate (Total Claim Paid by PLA)** | **322,500,000** |
| **Total Claim Paid by Customer** | **703,500,000** |

**For more details, the above pro-ration sample scenario can also be seen in the file below:**

Claim Scenario
PRUPrime Healthcar



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**e)** Lapsation

- The criteria for lapsation of **PRU**Prime Healthcare Plus Pro follow the respective RP ILP Policy attached to the rider.

### 3.3.7 Charges

a) Alteration Fee
The fee for each major alteration request is IDR 50,000.

### 3.4 Underwriting Limit

| | | |
|---|---|---|
| 3.4.1 | Issue ages | Policyholder:<br>Minimum 21 years old or 18 years old if married (current age)<br><br>Insured:<br>• Minimum entry age: 30 days (current age)<br>• Maximum entry age: 75 years old (next birthday)<br>• Maximum renewal age: 98 years old (next birthday) |
| 3.4.2 | Eligibility | • Policyholder is individual or company<br>• For company Policyholder, Insured should be the employee of the company or employee's legal spouse<br>• Employee's spouse is eligible only if the employee has taken this product (the employee's Policy has been issued)<br>• For individual Policyholder, Insured follows SOP underwriting for Agent.<br>• Non-red agent and non-red customer<br>• Agent has **PRU**Prime Healthcare or **PRU**Prime Healthcare Plus or **PRU**Prime Healthcare Plus Pro license (passed the test)<br>• If the application is submitted by agents who are NOT certified (not yet passing the **PRU**Prime Healthcare or **PRU**Prime Healthcare Plus or **PRU**Prime Healthcare Plus Pro test) the following treatment will apply:<br>1. PLAI will notify the uncertified agents, their leaders, RADD and ADS, that they have 1 week to get their certification via email and SMS. Email contains the instruction to go to PRUForce and SMS contains a link to the PRUForce.<br><br>In the meantime, the SPAJ will be processed as BAU.<br><br>2. If 2 weeks after the application submission date by uncertified agents, the agents are still NOT certified, PLAI will send a SMS to customers to manage their expectation and to inform them of the delay. The key message is to say that their application has a key requirement that the agents need to fulfill and other pending documents. A reminder SMS will also be sent to agents cc leaders, RADD and ADS to ensure compliance.<br><br>3. PLAI will perform "verification & explanation" call to customers, while the application will be pending (the policy will not be issued) until the agents are certified (passing the As Charged test) to sell **PRU**Prime Healthcare Plus Pro or the application is NTU (Not Taken Up – 60 days), whichever is earlier. |



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| | | |
|---|---|---|
| | | • Non-income earner limitation: allow maximum fixed amount 5 mio – any plan (if more than that, have to compare sibling/parents/spouse) |
| 3.4.3 | Policy term/duration | • Up to life insured's age 99 years old (next birthday)<br>• 5 terms option are available (55/65/75/85/99)<br>• The PPH+ Pro term cannot exceed the basic ILP term |
| 3.4.4 | Min & max modal premium | N/A |
| 3.4.5 | Min & max sum assured per product per life or<br><br>Maximum aggregate limit per life | Min & Max sum assured<br>N/A<br><br>Maximum aggregate limit per life<br>Maximum aggregate limit per life is IDR 11,000,000 for **PRU**Prime Healthcare Plus Pro combined with other PLA and PSLA hospitalisation products, i.e. **PRU***hospital care,* **PRU***med,* **PRU***med syariah,* **PRU***med cover,* **PRU***med cover syariah,* **PRU***universal med,* **PRU***medika prima,* **PRU***major medical, Hospital in safe, Hospital Cash Plan,* **PRU***hospital advantage, Smart Future.*<br><br>Currently, the hospital benefit is still limited to 1 benefit per life, with the maximum of IDR 11,000,000 per life, whichever is taken earlier (conventional or sharia), if the hospital benefit has been taken in PSLA, then it won't be allowed to take hospital benefit again in PLA, so does the opposite. |
| 3.4.6 | Medical underwriting | New Business<br>Buy RP ILP Policy + **PRU**Prime Healthcare Plus Pro together<br>• Refer to section 4.2. Underwriting<br><br>Major Alteration<br>For the Insured with inforce RP ILP Policy and intends to attach **PRU**Prime Healthcare Plus Pro only<br>• Refer to section 4.3. Policyholder Services<br><br>Lien and Waiting Period Clauses<br>• Refer to section 4.2. Underwriting |
| 3.4.7 | Maximum underwriting Limit | Follow reinsurer treaty |
| 3.4.8 | Underwriting Method | • Full Underwriting with possibility of standard, exclusion, loading, postpone, decline.<br>• Children's plan cannot exceed parent's plan. |
| 3.4.9 | Pre-existing condition | Applies during the coverage term |
| 3.4.10 | Survival period | None |

### 3.5 Premiums

| | | |
|---|---|---|
| 3.5.1 | Type of premium | Regular Premium |
| 3.5.2 | Premium period available | Following the rider term |
| 3.5.3 | Rate guarantees | **As Charged Specific Provision – Repricing**<br><br>**Chapter V Article 9** |



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| | | |
|---|---|---|
| | | (1) The Insurer hereby does not guarantee the forthcoming Cost of Insurance (COI) for **PRU**Prime Healthcare Plus Pro.<br>(2) The Insurer reserves the right to decrease or increase the forthcoming Cost of Insurance (COI) for **PRU**Prime Healthcare Plus Pro which is not due to the increase in age of the Insured, by giving at least 30 working days written notice to the Policyholder before implementing the amendment(s).<br>(3) The Insurer reserves the right to determine the basis of revision pursuant to clause (2), after taking into consideration of the emerging experience and all relevant factors affecting **PRU**Prime Healthcare Plus Pro.<br>(4) In the event of an increase in Cost of Insurance (COI) pursuant to clause (2) and in order to sustain **PRU**Prime Healthcare Plus Pro, the Insurer reserves the right to request the Policyholder to increase his/her Regular Premium and Regular Top-up (if any).<br>(5) If the Policyholder refuses to increase his/her Regular Premium and Regular Top-up (if any) pursuant to clause (4) above, the terms stipulated in article 19 clause (3) will be void. |
| 3.5.4 | Renewability guarantee | ➔ Non-Guaranteed Renewal (TBD)<br><br>**<u>As Charged Specific Provision – Renewal of Policy and Change of Policy Terms and Conditions</u>**<br><br>**Chapter V Article 8**<br>(1) **PRU**Prime Healthcare Plus Pro is valid for 1 (one) year starting from the commencement date of insurance of **PRU**Prime Healthcare Plus Pro.<br>(2) **PRU**Prime Healthcare Plus Pro is renewed automatically every year on the anniversary of **PRU**Prime Healthcare Plus Pro for the subsequent 1 (one) year period, in compliance with the provisions stipulated in clause (3) and (4) below<br>(3) The automatic renewal pursuant to clause (2) shall not apply if the Policyholder or the Insurer terminates **PRU**Prime Healthcare Plus Pro, by giving at least 30 working days' written notice to the Insurer or Policyholder before the next anniversary **PRU**Prime Healthcare Plus Pro.<br>(4) The Insurer reserves the right to review and/or refuse renewal of Policy and/or **PRU**Prime Healthcare Plus Pro on the anniversary of **PRU**Prime Healthcare Plus Pro , by giving at least 30 working days' written notice to the Policyholder before implementing the amendment(s).<br>(5) The Insurer reserves the right to amend the benefits and/or terms and conditions of **PRU**Prime Healthcare Plus Pro by giving at least 30 working days' written |



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| | | |
|---|---|---|
| | | notice to the Policyholder before implementing the amendment(s). |
| 3.5.5 | Cancellation right | The criteria for cancellation of **PRU**Prime Healthcare Plus Pro follow the respective RP ILP Policy attached to the rider<br><br>PLAI reserves the right to cancel/terminate the Policy due to fraud & non-disclosure |
| 3.5.6 | Modal premium factors and basis | N/A |
| 3.5.7 | Mode of Payment | The mode of payment of **PRU**Prime Healthcare Plus Pro follow the respective RP ILP Policy attached to the rider. |
| 3.5.8 | Policy fee and basis | N/A |
| 3.5.9 | Pricing approach | **Due to the confidentiality of data and assumptions used, any information related to point 3.5.9, 3.5.10 and 3.5.11will not be disclosed.** |
| 3.5.10 | Actuarial pricing assumptions | |
| 3.5.11 | Premium Rate table | |
| 3.5.12 | Payment method | The payment method of **PRU**Prime Healthcare Plus Pro follow the respective RP ILP Policy attached to the rider. |
| 3.5.13 | Rate repricing frequency | • Rolling 12 months A/E Ratio > 95% for 6 consecutive months; OR<br>• Rolling 6 months Loss Ratio > Target Loss Ratio + 5% for 6 consecutive months |
| 3.5.14 | Risk Management of Ujrah (Ujrah Pengelolaan Risiko) | Ujrah fees charged in connection with basic insurance and rider risk management by PSLA.<br><br>Ujrah fees charged for rider **PRU**Prime Healthcare Plus Pro Syariah plan **Bronze A – Diamond is 34% of the COI** from the commencement date of insurance.<br><br>Ujrah fees charged for rider PRUPrime Healthcare Plus Syariah plan **Cermat 1 – 3 is 37% of the COI** from the commencement date of insurance. |
| 3.5.13 | Tabarru' Contribution (Iuran Tabarru') | Iuran Tabarru' is money given by policyholders to Tabarru Fund (Dana Tabarru') for basic & rider insurance (if any).<br><br>Iuran Tabarru' charged for rider PRUPrime Healthcare Plus Syariah plan **Bronze A - Diamond is 66% of the COI** from the commencement date of insurance.<br><br>Iuran Tabarru' charged for rider PRUPrime Healthcare Plus Syariah plan **Cermat 1 – 3 is 54% of the COI** from the commencement date of insurance. |

### 3.6 Product restrictions

#### 3.6.1 Key exclusions

**Key exclusions for hospitalization**

**PRU**Prime Healthcare Plus Pro will not be applicable for the conditions as follows:

1. Pre-existing conditions



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2. Any hospital and surgical benefits occurring within 12 (twelve) months from the commencement date of insurance, the last revival date of the Policy or the last effective date of upgrading of the Policy, whichever is later, were known or not by the Insured, including all the ensuing complications either directly or indirectly for the following specified illnesses:

    a. All types of hernias;
    b. All kinds of benign tumors or lumps or cysts;
    c. Tuberculosis;
    d. Hemorrhoids
    e. Diseases of the tonsils or adenoids, which requires surgery;
    f. Abnormal condition of the nasal cavity, nasal septum or nasal shells (turbinates), including sinus;
    g. Thyroid disease (thyroid);
    h. Hysterectomy (with or without Salpingo-Oophorectomy);
    i. High blood pressure;
    j. Heart disease and blood vessel (cardiovascular);
    k. Fistula in anus;
    l. Stones in the bile duct system;
    m. Kidney stones, urinary tract or bladder;
    n. Cataracts;
    o. Ulcers of the stomach or duodenum Ulcer;
    p. All types of reproductive system disorders;
    q. Intervertebral protruding disc or Hernia Nucleus Pulposus (HNP)
    r. Diabetes Mellitus;

3. Any disability that began or occurred in waiting period 30 days, unless caused by accident;

4. Charges which are not in accordance with reality and needs and rather than reasonable cost which usual charged for hospitalization of disease, injury or disability in that locality, or the option of surgery or hospitalization that is not medically necessary;

5. Illness, injury, or disability caused by attempted suicide or self-inflicted injury, while sane or insane including all the ensuing complications either directly or indirectly;

6. Treatments for obesity, such as bariatric surgery, weight loss or weight gain, bulimia, anorexia nervosa including all the ensuing complications either directly or indirectly;

7. Eyes check and surgery in connection with eye refractive errors, purchasing/leasing glasses/lenses/hearing aid;

8. Treatment and/or surgery to change gender including all the ensuing complications either directly or indirectly;

9. All types of treatment, checkup, medication or dental surgery, including oral surgery, gum, or structures directly supporting the teeth, and treatment associated with it except that caused by accident resulting in other emergency conditions including all the ensuing complications either directly or indirectly;

10. Dentures, crowns and dental implant due to any cause including accident;

11. Cancer which signs and symptoms are known by the Insured or which has been diagnosed or received treatment within ninety (90) days from the commencement date of insurance, the last revival date of the Policy, whichever is later;

12. Treatment or tests performed on the Life Assured that relate to Acquired Immune Deficiency Syndrome (AIDS), any Human Immunodeficiency Virus (HIV) or any related or associated condition or AIDS Related Complex except the one-time per life lump sum payment being stated under the Policy as below. The below conditions must occur 12 months after the effective date of the Plan, or in case of reinstatement, after the effective date of such reinstatement, whichever is later;



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a. the infection is due to blood transfusion on the Life Assured in a Hospital; or
b. the infection with HIV where it was acquired as a result of an accident during the course of carrying out normal occupational duties and with sero-conversion to Positive HIV antibody occurring within 6 months of the accident. Any accident giving rise to a potential claim must be reported to us within 30 days of the accident and supported by a negative HIV antibody test taken immediately after the accident and proven by diagnosis result.

13. Treatment related to pregnancy or attempt to get pregnant, childbirth, diagnosis and treatment of infertility, miscarriage, abortion, sterilization (vasectomy/MOP and tubectomy/MOW) and contraception, birth control methods, testing or treatment of impotence/vaginismus, including all the ensuing complications either directly or indirectly, except those that don't aim to overcome reproductive problems.

14. Circumcision including all the ensuing complications either directly or indirectly except circumcision performed with medical indication;

15. Treatment and/or medication arising in connection with or resulting from congenital abnormalities, birth defects, developmental abnormalities/retardation, or hereditary disease, either known or not by the Insured before claim submission, in the event that the cause of the medical condition cannot be determined whether it is a congenital abnormality or a disorder that is acquired after birth, the cause of the medical condition will refer to the western medical literature/journal which lists the greater possibility that the medical condition suffered is a congenital abnormality/birth defect/abnormality/ developmental delay/hereditary disease/congenital;

16. Any surgery performed without any injury or illness, cosmetic or plastic surgery, unless necessitated by injury or illness including all the ensuing complications either directly or indirectly;

17. Routine medical check-ups charges; any investigation not directly related to pre-admission diagnosis; any treatment which is not medically necessary, convalescence, custodial or rest care, preventive charges including medical/non-medical tools, immunization, vaccination, and food supplement, telecommunication charges, rental of television, mini-bar consumption and other medically unrelated services;

18. Inpatient in hospital or clinic intended only for diagnostic test;

19. Treatment is not carried in a hospital or clinic, such as treatment in spa or sauna or salon or aesthetic clinic, treatment of medical condition caused by complications of medication and/or treatment for cosmetic purposes;

20. Treatment related to mental illness, mentally retarded, neurosis, psychosomatic, psychosis or a treatment performed at the Mental Hospital or in part of a psychiatric hospital or treatment by a psychiatrist, except for psychiatric/psychological conditions that occurs as a result of the insured having to undergo Medically Necessary treatment for a Covered Conditions;

21. This coverage excludes every medical treatment, medical care and/or medication performed in the following facilities:
    a. Private or individual clinic where medical treatment and/or medical care performed by professions other than doctor;
    b. Maternity hospital where medical treatment and/or medical care performed by professions other than doctor;
    c. For Cermat Plan, hospice including sanatorium or psychiatric hospital. For higher plans, Hospice including sanatorium or psychiatric hospital except for psychiatric/psychological conditions that occurs as a result of the insured having to undergo Medically Necessary treatment for a Covered Conditions;
    d. Rehabilitation centre;
    e. Nursing home;
    f. Treatment and/or medical facility of alcoholism and drug addiction;
    g. *"Balai pengobatan"*; and or



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h. Alternative medication clinic, naturopathy, homeopathy, chiropractic, acupuncture, or other traditional medication. *(**point h only applies to Cermat plan, since Cermat doesn't cover Traditional Medical treatment**)*

22. Illness, injury or disability that occurs when the insured person under the effect of narcotics, alcohol, psychotropic drugs, poison, gas or addictive disorders from any other similar substances or drugs other than for use as a drug by prescription issued by a Doctor;

23. Injury or illness arising directly or indirectly from terrorism, war, invasion, act or foreign enemy hostilities, violence (whether war be declared or not), civil war, rebellion, revolution, direct participation in riot, fight, strike or civil commotion, military, usurped power, active duty in the armed forces or police;

24. Injury or illness caused by nuclear reaction, radiation and contamination;

25. All the diseases or injuries caused by sexual or sexual deviations including all the ensuing complications either directly or indirectly;

26. Insured participating in dangerous activities or sports includes but not limited to any kind of racing (other than on foot or swimming), potholing, rock climbing, mountaineering, climbing requiring the use of ropes or guides, diving to a depth in excess of 30 meters, any underwater activities involving the use of underwater breathing apparatus, sky diving, cliff diving, bungee jumping, BASE (Building Antenna Span Earth) jumping, paragliding, hang gliding and parachuting;

27. Injuries or illnesses caused by flying or other aerial activity except as a fare paying passenger on a commercial aviation that has a complete license managed by commercial airlines (licensed) or a rental company that is recognized;

28. Injuries caused by crime/violation or attempted crime/violation done by the Insured unless proven otherwise by court, or

29. Injuries caused by offense or attempted offense done by the Insured unless proven otherwise by court;

30. Injuries caused by resistance made by the insured at the time of arrest or detention of a person (including the Insured) run by local authorities;

31. Dietitian and Podiatry consultation, Speech and Occupation therapy when not part of a rehabilitation program following hospitalization due to trauma, unless it is a follow-up to an inpatient disability and subject to its limitations;

32. Alternative therapy such as treatment, medical service or supplies, including but not limited to sinshe, herbal medicine, fracture experts, paranormal, chiropractor, naturopathy, holistic, acupuncture, acupressure, reflexology, massage, hyperbaric oxygen therapy, herbalist treatment, naturopathy, massage or aroma therapy or other alternative treatment; *(**point 32 only applies to Cermat plan, since Cermat doesn't cover Traditional Medical treatment**)*

33. Experimental treatment and/or medication.

34. Treatment and/or medication for to the extent which is payable by any other insurance or indemnity covering the Insured, and disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract.

35. Treatment and/or medication which is not addressed for recuperation, conservation of Insured's condition, or recovery from previous health condition; ***(point 35 only applies to Cermat plan)***

36. Funeral benefit of PRUPrime Healthcare Plus Pro is not applied if the Insured dies because of following terms:

    a. Illness, injury, or disability caused by attempted suicide or self-inflicted injury, while sane or insane including all the ensuing complications either directly or indirectly;



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b. Injuries caused by crime/violation or attempted crime/violation done by the Insured unless proven otherwise by court;
c. Injuries caused by offense or attempted offense done by the Insured unless proven otherwise by court;
d. Injuries caused by resistance made by the insured at the time of arrest or detention of a person (including the Insured) run by local authorities;
e. Crime/violation against law regulation by the Insured unless proven otherwise by court;
f. Death penalty based on court decision.

### 3.6.2 Restrictions

- Waiting period
  Waiting period means the period of time that applies to specific benefits under the policy as set out in the benefit provisions. The period of time starts from:
  - the commencement date of insurance;
  - the last revival date of the Policy;
  - the last effective date of upgrading of **PRU**Prime Healthcare Plus Pro.

  whichever is the latest.

| Description | Waiting Period |
|---|---|
| Any Illnesses other than Specified Illnesses | 30 Days |
| Cancer | 90 Days |
| Specified Illnesses | 12 Months |
| HIV/AIDS (Due to Occupation and Transfusion only) | 12 Months |

- Pre-existing condition

  Any Illness, Injury, or Disability of which signs or symptoms:
  a. Were known or not by Insured;
  b. Had been diagnosed or not by the Doctor; or
  c. Had received treatment and/or medication or advice or consultation from Doctor or had not received treatment and/or medication or advice or consultation from Doctor;

  within a period of 2 (two) years prior to the commencement date of insurance or the last revival date of the Policy, whichever is later.

### 3.6.3 Other restrictions

N/A

### 3.6.4 End of coverage

1. **PRU**Prime Healthcare Plus Pro shall automatically terminate upon the first occurrence of any of the following:
   a. Any event causing the termination of coverage based on the General Provision;
      - On the date the Insured dies;
      - On the date the Policy is cancelled or terminated by PLA;
      - On the date the Policy surrender is approved by PLA; or
      - On the date the Policy lapsed
   b. On the maturity date (end of the Policy Coverage) of **PRU**Prime Healthcare Plus Pro;
   c. On the date the Policy is terminated by the Policy Holder before the end of the Policy Coverage and is approved by PLA;
   d. At midnight in the Western Indonesian Time (WIB) on the end date of the coverage of **PRU**Prime Healthcare Plus Pro, unless the Insured is hospitalized in Hospital or Clinics, in which case point 2 applies.

2. In the case where the Insured is hospitalized in accordance with Point (1d), the end date of the coverage of **PRU**Prime Healthcare Plus Pro will be extended until the first occurrence of any of the following:
   - At the time the Insured is discharged from the hospital;



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- Maximum 30 (thirty) days from the end date of the coverage of **PRU**Prime Healthcare Plus Pro; or
- When both the Annual Limit and limit booster set forth in the **PRU**Prime Healthcare Plus Pro Benefit Schedule according to the plan have been exhausted.

3. Notwithstanding the other provisions in Article 19, **PRU**Prime Healthcare Plus Pro rider can lapse in the next anniversary of **PRU**Prime Healthcare Plus rider in the event that the Insured is no longer domiciled in Indonesia for more than 6 consecutive months. As a result of the termination of this rider, the Insurer has the right to reject all claims that may arise and/or reject the renewal of **PRU**Prime Healthcare Plus Pro rider, and the Insurer is not obliged to return the Cost of Insurance that has been charged. This provision does not apply if the Insured is not domiciled in Indonesia for 6 (six) months consecutively solely to undergo treatment for the Disability based on a written recommendation from the treating Physician and this is conveyed to the Insurer before undergoing treatment.

**3.7 Investment**

Follow RP ILP Basic

**3.8 Reinsurance**

| | |
|---|---|
| PLA Retention | 50% |
| RGA | 45% |
| Local Re | 5% |

## 4. Operations

### 4.1 New Business

- SPAJ
  As per current SPAJ.

- SQS Illustration
  A page stating "If insured own any of **PRU**hospital & surgical variant or **PRU**Prime Healthcare or **PRU**Prime Healthcare Plus or **PRU**Prime Healthcare Plus Pro or **PRU**Solusi Sehat, it will be dropped to allow for **PRU**Prime Healthcare Plus Pro to be chosen". This page will be signed by the Policyholder.

  A page in the illustration output showing scenarios of potential repriced premium for x% of medical inflation. This page will be signed by the Policyholder.

- Magnum
  Magnum will Include Hospital Financial Table, medical table and follow Life Asia.

- NB process
  SPAJ will be sent to DMC following current process of capturing data.
  Additional alteration form (terminate PRUhospital & surgical variant) or PRUprime healthcare will go to PHS.

  For Insured with existing **PRU**hospital & surgical variant or **PRU**prime healthcare or **PRU**Prime Healthcare Plus, it can be terminated only after **PRU**Prime Healthcare Plus Pro is approved. The alteration of detaching PRUhospital & surgical variant from the RP ILP Policy will be performed by Policy Holder Services.

- Reporting
  A report of cases which have been approved by underwriters with inforce H&S Inner Limit variant to be used by PHS for alteration (terminate H&S Inner Limit variants) on the inforce RP ILP Policy.



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- Policy Book
  - ✓ Cover page, i.e. policy summary, official sheet.
  - ✓ Benefit Schedule
  - ✓ Provision page
  - ✓ Welcome Kit **PRU**Prime Healthcare Plus Pro
  - ✓ Card printing
  - ✓ Reprint

- Terms and Conditions for Cross Product
  Document completeness flow provisions for **PRU**Prime Healthcare Plus Pro or **PRU**Prime Healthcare Plus Pro Syariah for new SPAJ submissions which has **PRU**Hospital & Surgical Cover Plus (Syariah) (or similar product) or **PRU**Prime Healthcare Plus or **PRU**Prime Healthcare Plus (Syariah).
  1. Current policy that has **PRU**Hospital & Surgical Cover Plus (Syariah) (or similar product) or **PRU**Prime Healthcare Plus or **PRU**Prime Healthcare Plus (Syariah) rider remain in active condition or Inforce.
  2. The implementation of agent's process change regard to UW-62 form as follow:

| Periode | Sekarang – 31 Mei 2020 | | 1 Juni 2020 – 31 Juli 2020 | | 1 Agustus 2020 – Seterusnya | |
|---|---|---|---|---|---|---|
| Agen / Umur polis | Agen sama | Agen beda | Agen sama | Agen beda | Agen sama | Agen beda |
| <5 tahun | - Formulir UW62 versi V0819 yang tersedia di SFA/ PRUforce, atau<br>- via OTP | Formulir Major & Quotation alter | - Formulir UW62 versi V0320 yang tersedia di SFA/ PRUforce, atau<br>- via OTP | Formulir Major & Quotation alter | e-SQS – Alteration melalui sistem | e-SQS – Alteration melalui sistem |
| ≥5 tahun | - Formulir UW62 versi V0819 yang tersedia di SFA/ PRUforce, atau<br>- via OTP | Outbound call oleh Cust. Care langsung ke Nasabah | - Formulir UW62 versi V0320 yang tersedia di SFA/ PRUforce, atau<br>- via OTP | Outbound call oleh Cust. Care langsung ke Nasabah sesuai ketentuan formulir UW-62 versi V0320 | - Formulir UW62 versi V0320 yang tersedia di PRUforce, atau<br>- via OTP | - Formulir UW62 versi V0320 yang tersedia di PRUforce, atau<br>- via OTP |

  3. Valid from 1 August 2020 for SPAJ along PPH+ received by Prudential Indonesia Head Office, all termination process will be transferred through the system i.e PRUforce for policy that has been inforced for 5 years and 3-SQS – Alternation for policies less than 5 years. Details will be provided further after the system is ready to be implemented.

Key notes regarding the Termination of **PRU**Hospital & Surgical Cover Plus (Syariah) (or similar product) or **PRU**Prime Healthcare Plus or **PRU**Prime Healthcare Plus (Syariah) in current policy as bellow:
- Policy's Premium/Contribution does not change. Policyholders may increase protection in their policy.
- Rider participant card of **PRU**Hospital & Surgical Cover Plus (Syariah) (or similar product) or **PRU**Prime Healthcare Plus or **PRU**Prime Healthcare Plus (Syariah) automatically no longer valid from the date of the rider termination process above is completed.

This Terms & Conditions for Cross Product follows Agency Update No. 035/PLA/IV/2019 and Agency Update No. 064/PLA/V/2020.

## 4.2 Underwriting

### 1. Main Rules

- Each Insured can only have 1 (one) inpatient product, choose between HS/HS+/PPH/PPH Plus/PPH Plus Pro/PSS/PSS Pro (one can be added with CHC (draft name: CI Reimbursement)).



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- For all hospitalization product except CHC (draft name CI reimbursement) will use Medex (by Magnum Pure engine)

## 2. Medical underwriting

### a. PRU-elites club

| Age (ANB) | Cermat 1 350 | Cermat 2 600 | Cermat 3 700 | Bronze A 550 | Bronze A 1,100 | Bronze B 1,100 | Bronze B 3,000 | Silver A 550 | Silver A 1,100 | Silver B 1,100 | Silver B 3,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1-15yo | Follow NML for basic | | | Follow NML for basic | | | | Follow NML for basic | | | |
| 16-35yo | Follow NML for basic | | | Follow NML for basic | | | | Follow NML for basic | | | |
| 36-40yo | Follow NML for basic | | | Follow NML for basic | | | | Follow NML for basic | | | |
| 41-50yo | Follow NML for basic | | | Follow NML for basic | | | | Follow NML for basic | | | |
| 51-55yo | Follow NML for basic | | Follow NML for basic | Follow NML for basic | | | | Follow NML for basic | | | |
| 56-60yo | Follow NML for basic | | Follow NML for basic | Follow NML for basic | | | | Follow NML for basic | | | |
| 61-65yo | Follow NML for basic | | | Follow NML for basic | | | | Follow NML for basic | | | |
| 66-70yo | MED 1 | MED 1 | MED 3 | MED 3 | MED 3 | MED 3 | MED 3 | MED 3 | MED 3 | MED 3 | MED 3 |
| 71-75yo | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 |

| Age (ANB) | Gold A 1,100 | Gold A 3,000 | Gold B 1,700 | Gold B 5,000 | Platinum 1,700 | Platinum 10,000 | Diamond 1,700 | Diamond 10,000 |
|---|---|---|---|---|---|---|---|---|
| 1-15yo | Follow NML for basic | | | | MED 1 | | | |
| 16-35yo | Follow NML for basic | | | | MED 1 | MED 3 | MED 1 | MED 3 |
| 36-40yo | Follow NML for basic | | | | MED 3 | MED 10 | MED 3 | MED 10 |
| 41-50yo | Follow NML for basic | | | | MED 10 | | | |
| 51-55yo | Follow NML for basic | | | | MED 10 | | | |
| 56-60yo | Follow NML for basic | MED 3 | | MED 10 | MED 10 | | | |
| 61-65yo | Follow NML for basic | MED 3 | | MED 10 | MED 10 | | | |
| 66-70yo | MED 3 | | | MED 10 | MED 10 | | | |
| 71-75yo | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 |

### b. Non PRU-elites club

| Age (ANB) | Cermat 1 350 | Cermat 2 600 | Cermat 3 700 | Bronze A 550 | Bronze A 1,100 | Bronze B 1,100 | Bronze B 3,000 | Silver A 550 | Silver A 1,100 | Silver B 1,100 | Silver B 3,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1-15yo | Follow NML for basic | | | Follow NML for basic | | | | Follow NML for basic | | | |
| 16-35yo | Follow NML for basic | | | Follow NML for basic | | | | Follow NML for basic | | | |
| 36-40yo | Follow NML for basic | | | Follow NML for basic | | | | Follow NML for basic | | | |
| 41-50yo | Follow NML for basic | | | Follow NML for basic | | | | Follow NML for basic | | | |
| 51-55yo | Follow NML for basic | | Follow NML for basic | Follow NML for basic | | | | Follow NML for basic | | | |
| 56-60yo | Follow NML for basic | | Follow NML for basic | Follow NML for basic | | | | Follow NML for basic | | | |
| 61-65yo | Follow NML for basic | | | Follow NML for basic | | | | Follow NML for basic | | | |
| 66-70yo | MED 1 | MED 3 | MED 3 | MED 3 | MED 3 | MED 3 | MED 3 | MED 3 | MED 3 | MED 3 | MED 3 |
| 71-75yo | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 |

| Age (ANB) | Gold A 1,100 | Gold A 3,000 | Gold B 1,700 | Gold B 5,000 | Platinum 1,700 | Platinum 10,000 | Diamond 1,700 | Diamond 10,000 |
|---|---|---|---|---|---|---|---|---|
| 1-15yo | Follow NML for basic | | | | MED 1 | MED 1 | MED 1 | MED 1 |
| 16-35yo | Follow NML for basic | | | | MED 1 | MED 3 | MED 1 | MED 3 |
| 36-40yo | Follow NML for basic | | | | MED 3 | MED 10 | MED 3 | MED 10 |
| 41-50yo | Follow NML for basic | MED 1 | | | MED 10 | | | |



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| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 51-55yo | Follow NML for basic | MED 3 | | MED 10 | MED 10 | | | |
| 56-60yo | Follow NML for basic | MED 3 | | MED 10 | MED 10 | | | |
| 61-65yo | Follow NML for basic | MED 3 | | MED 10 | MED 10 | | | |
| 66-70yo | MED 3 | MED 3 | | MED 10 | MED 10 | | | |
| 71-75yo | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 |

MED 1 : Medical Examination Report (MER)
MED 3 : MER, Urinalysis
MED 10 : MER, Urinalysis, Complete Blood Test, ECG

*Notes*: Complete Blood Test: Same as Complete Blood test by PLAI's main NML table:

| Current Test |
|---|
| FBS |
| Complete Blood Count<br>- ESR<br>- Erythrocyte<br>- HB<br>- Leucocytes<br>- Haematocrit<br>- Thrombocytes |
| Lipids<br>- Total Cholesterol<br>- HDL<br>- Triglycerides |
| RFT:<br>- Urea Nitrogen<br>- Creatinine<br>- Uric Acid |
| LFT:<br>- Total Protein<br>- Serum Albumin<br>- Serum Globulin<br>- Albumin/Globulin ratio<br>- SGPT<br>- SGOT<br>- GGT<br>- Alkaline Phosphatase<br>- Total Bilirubin<br>- Direct bilirubin<br>- Indirect bilirubin |
| VDRL |
| AFP |
| HbA1c |
| HbsAg |

- Customer will be given options whether to apply waiting period or not, with these 3 options:
  - A. If customer does not want to apply waiting period, one will need to submit medical check up result
  - B. If customer does not want to apply waiting period, one will need to undergo medical check up
  - C. Customer does not want to undergo medical check up and willing to apply waiting period
- If customer choose option A and B, then no waiting period will be applied. However, lien rules will apply as follows:

| Description | Claims Within | Option A & B | Option C |
|---|---|---|---|
| Any Illnesses other than Specified Illnesses | 30 Days | 25% lien | Apply waiting period |
| Cancer | 90 Days | 25% lien | Apply waiting period |



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3. **Financial underwriting**
   a. PRUmed allowed

| PRUmed allowed PPH plus Pro | Plan Cermat 1-350 | Plan Cermat 2-600 | Plan Cermat 3-700 | Plan Bronze A- 550 | Plan Bronze A- 1,100 | Plan Bronze B – 1,100 | Plan Bronze B – 3,000 | Plan Silver A - 550 | Plan Silver A - 1,100 | Plan Silver B - 1,100 | Plan Silver B - 3,000 | Plan Gold A - 1,100 | Plan Gold A - 3,000 | Plan Gold B -1,700 | Plan Gold B – 5,000 | Plan Platinum - 1,700 | Plan Platinum -10,000 | Plan Diamond - 1,700 | Plan Diamond -10,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| LA's income <= 5 Mio | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| LA's income > 5 Mio | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |

   b. Non-income earner limitation: allow maximum fixed amount 5 mio – any plan (if more than that, have to compare sibling/parents/spouse)
   c. Client can have CHC (draft name: CI reimbursement) together with any PPH plus Pro.

4. **No minimum Sum Assured for all plan**

5. **Waiting period:** Waiting period follows policy provision, except for upgrading or campaign will follow the upgrading or campaign rule.

6. **Residency outside main country (Indonesia) limit**: 6 months, if client stays more than 6 months, then should offer to reinsurer for PPH Plus Pro decision.

7. **Substandard**

   a. Loading/Rating: maximum rating +150%, more than that should be decline
   b. Exclusion wording: exclusion max 3 conditions, more than that should be decline

8. **SPAJ question:** follow current PPH+ question

9. **Time for policy review:** 2 years

### 4.3 Policyholder Services

- **Alteration (major/minor/financial) (TBD)**
  i. Conversion from **PRU**hospital & surgical variant/ **PRU**prime healthcare or **PRU**Prime Healthcare Plus to **PRU**Prime Healthcare Plus Pro, the Insured with inforce RP ILP Policy may delete the **PRU**hospital & surgical variant or **PRU**prime healthcare or **PRU**Prime Healthcare Plus and add **PRU**Prime Healthcare Plus Pro. It shall go through underwriting process and follow the underwriting procedure which allows PLA to request medical examination or other requirements.

  ii. The Policyholder shall apply to convert from **PRU**hospital & surgical variant or **PRU**prime healthcare or **PRU**Prime Healthcare Plus to **PRU**Prime Healthcare Plus Pro at rider monthversary or anniversary regardless there is claim history in the rider year. However, the claim history may impact the underwriting decision.

  The conversion rules applied follows the conversion tables below (please note that the conversion tables for Cermat 1-3 are still subject to reinsurer's approval):



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**PPH+ Pro (No Deductible) -> PPH+ Pro**

| | | Cermat1-300k Deductible=1m 300 | Cermat1-300k No deductible 300 | Cermat2-550k Deductible=2m 550 | Cermat2-550k No deductible 550 | Cermat3-650k Deductible=3m 650 | Cermat3-650k No deductible 650 |
|---|---|---|---|---|---|---|---|
| Cermat1-300k | 350 | GIO | | FUW | FUW | FUW | FUW |
| Cermat2-550k | 600 | GIO | GIO | GIO | | FUW | FUW |
| Cermat3-650k | 700 | GIO | GIO | GIO | GIO | GIO | |
| Bronze A-550k | 550 | GIO | GIO | GIO | GIO | GIO | GIO |
| Bronze A-1100k | 1100 | GIO | GIO | GIO | GIO | GIO | GIO |
| Bronze B-1100 | 1100 | GIO | GIO | GIO | GIO | GIO | GIO |
| Bronze B-3000 | 3000 | GIO | GIO | GIO | GIO | GIO | GIO |
| Silver A-550 | 550 | GIO | GIO | GIO | GIO | GIO | GIO |
| Silver A-1100 | 1100 | GIO | GIO | GIO | GIO | GIO | GIO |
| Silver B-1100 | 3000 | GIO | GIO | GIO | GIO | GIO | GIO |
| Silver B-3000 | 3000 | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold A-1100 | 1100 | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold B-3000 | 3000 | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold B-1700 | 1700 | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold B-5000 | 5000 | GIO | GIO | GIO | GIO | GIO | GIO |
| Platinum-1700 | 1700 | GIO | GIO | GIO | GIO | GIO | GIO |
| Platinum-10000 | 10000 | GIO | GIO | GIO | GIO | GIO | GIO |
| Diamond-1700 | 1700 | GIO | GIO | GIO | GIO | GIO | GIO |
| Diamond-10000 | 10000 | GIO | GIO | GIO | GIO | GIO | GIO |



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| | Bronze A-550k Deductible=4m 550 | Bronze A-550k No deductible 550 | Bronze A-1100k Deductible=4m 1,100 | Bronze A-1100k No deductible 1,100 | Bronze B-1100 Deductible=5m 1,100 | Bronze B-1100 No deductible 1,100 | Bronze B-3000 Deductible=5m 3,000 | Bronze B-3000 No deductible 3,000 |
|---|---|---|---|---|---|---|---|---|
| Cermat1-300k | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Cermat2-550k | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Cermat3-650k | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze A-550k | GIO | | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze A-1100k | GIO | GIO | GIO | | FUW | FUW | FUW | FUW |
| Bronze B-1100 | GIO | GIO | GIO | GIO | GIO | | FUW | FUW |
| Bronze B-3000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | |
| Silver A-550 | GIO | GIO | GIO | GIO | FUW | FUW | FUW | FUW |
| Silver A-1100 | GIO | GIO | GIO | GIO | GIO | GIO | FUW | FUW |
| Silver B-1100 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Silver B-3000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold A-1100 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold B-3000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold B-1700 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold B-5000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Platinum-1700 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Platinum-10000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Diamond-1700 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Diamond-10000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |



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| | Silver A-550 Deductible=4m 550 | Silver A-550 No deductible 550 | Silver A-1100 Deductible=4m 1,100 | Silver A-1100 No deductible 1,100 | Silver B-1100 Deductible=5m 1,100 | Silver B-1100 No deductible 1,100 | Silver B-3000 Deductible=5m 3,000 | Silver B-3000 No deductible 3,000 |
|---|---|---|---|---|---|---|---|---|
| Cermat1-300k | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Cermat2-550k | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Cermat3-650k | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze A-550k | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze A-1100k | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze B-1100 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze B-3000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver A-550 | GIO | | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver A-1100 | GIO | GIO | GIO | | FUW | FUW | FUW | FUW |
| Silver B-1100 | GIO | GIO | GIO | GIO | GIO | | FUW | FUW |
| Silver B-3000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | |
| Gold A-1100 | GIO | GIO | GIO | GIO | GIO | GIO | FUW | FUW |
| Gold B-3000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold B-1700 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold B-5000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Platinum-1700 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Platinum-10000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Diamond-1700 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Diamond-10000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |



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| | Gold A-1100 Deductible=9m 1,100 | Gold A-1100 No deductible 1,100 | Gold A-3000 Deductible=9m 3,000 | Gold A-3000 No deductible 3,000 | Gold B-1700 Deductible=10m 1,700 | Gold B-1700 No deductible 1,700 | Gold B-5000 Deductible=10m 5,000 | Gold B-5000 No deductible 5,000 |
|---|---|---|---|---|---|---|---|---|
| Cermat1-300k | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Cermat2-550k | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Cermat3-650k | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze A-550k | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze A-1100k | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze B-1100 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze B-3000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver A-550 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver A-1100 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver B-1100 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver B-3000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Gold A-1100 | GIO | | FUW | FUW | FUW | FUW | FUW | FUW |
| Gold B-3000 | GIO | GIO | GIO | | FUW | FUW | FUW | FUW |
| Gold B-1700 | GIO | GIO | FUW | FUW | GIO | | FUW | FUW |
| Gold B-5000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | |
| Platinum-1700 | GIO | GIO | GIO | GIO | GIO | GIO | FUW | FUW |
| Platinum-10000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Diamond-1700 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Diamond-10000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |



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| | Platinum-1700 Deductible=15m 1,700 | Platinum-1700 No deductible 1,700 | Platinum-10000 Deductible=15m 10,000 | Platinum-10000 No deductible 10,000 | Diamond-1700 Deductible=20m 1,700 | Diamond-1700 No deductible 1,700 | Diamond-10000 Deductible=20m 10,000 | Diamond-10000 No deductible 10,000 |
|---|---|---|---|---|---|---|---|---|
| Cermat1-300k | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Cermat2-550k | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Cermat3-650k | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze A-550k | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze A-1100k | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze B-1100 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze B-3000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver A-550 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver A-1100 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver B-1100 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver B-3000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Gold A-1100 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Gold B-3000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Gold B-1700 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Gold B-5000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Platinum-1700 | GIO | | FUW | FUW | FUW | FUW | FUW | FUW |
| Platinum-10000 | GIO | GIO | GIO | | FUW | FUW | FUW | FUW |
| Diamond-1700 | GIO | GIO | FUW | FUW | GIO | | FUW | FUW |
| Diamond-10000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | |

**Legend:**

| |
|---|
| GIO |
| FUW |

**Example 1:**

An Insured who owns PRUPrime Health Care Plus Pro (PPH+ Pro) **Bronze A-550K with no deductible** wants to convert his policy into PRUPrime Health Care Plus Pro (PPH+ Pro) **Bronze A-550K with deductible of 4 mio.** Since there is no upgrade in Room Limit/Coverage Area/Deductible, therefore, in this case, he only needs to undergo the GIO process.

**Example 2:**



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An Insured who owns PRUPrime Health Care Plus Pro (PPH+ Pro) **Bronze A-550K with no deductible** wants to convert his policy into PRUPrime Health Care Plus Pro (PPH+ Pro) **SIlver A-550K with no deductible**. Since there is an upgrade in Coverage area, therefore, in this case, he is required to undergo the FUW process.

**PPH+ Pro (with Deductible) -> PPH+ Pro**

| | | Cermat1-300k Deductible=1m 300 | Cermat1-300k No deductible 300 | Cermat2-550k Deductible=2m 550 | Cermat2-550k No deductible 550 | Cermat3-650k Deductible=3m 650 | Cermat3-650k No deductible 650 |
|---|---|---|---|---|---|---|---|
| Cermat1-300kDeductible=1m | 300 | | FUW | FUW | FUW | FUW | FUW |
| Cermat2-550kDeductible=2m | 550 | GIO | GIO | | FUW | FUW | FUW |
| Cermat3-650kDeductible=3m | 650 | GIO | GIO | GIO | GIO | | FUW |
| Bronze A-550kDeductible=4m | 550 | GIO | GIO | GIO | GIO | GIO | GIO |
| Bronze A-1100kDeductible=4m | 1100 | GIO | GIO | GIO | GIO | GIO | GIO |
| Bronze B-1100Deductible=5m | 1100 | GIO | GIO | GIO | GIO | GIO | GIO |
| Bronze B-3000Deductible=5m | 3000 | GIO | GIO | GIO | GIO | GIO | GIO |
| Silver A-550Deductible=4m | 550 | GIO | GIO | GIO | GIO | GIO | GIO |
| Silver A-1100Deductible=4m | 1100 | GIO | GIO | GIO | GIO | GIO | GIO |
| Silver B-1100Deductible=5m | 3000 | GIO | GIO | GIO | GIO | GIO | GIO |
| Silver B-3000Deductible=5m | 3000 | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold A-1100Deductible=9m | 1100 | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold A-3000Deductible=9m | 3000 | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold B-1700Deductible=10m | 1700 | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold B-5000Deductible=10m | 5000 | GIO | GIO | GIO | GIO | GIO | GIO |
| Platinum-1700Deductible=15m | 1700 | GIO | GIO | GIO | GIO | GIO | GIO |
| Platinum-10000Deductible=15m | 10000 | GIO | GIO | GIO | GIO | GIO | GIO |
| Diamond-1700Deductible=20m | 1700 | GIO | GIO | GIO | GIO | GIO | GIO |
| Diamond-10000Deductible=20m | 10000 | GIO | GIO | GIO | GIO | GIO | GIO |



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| | | Bronze A-550k Deductible=4m 550 | Bronze A-550k No deductible 550 | Bronze A-1100k Deductible=4m 1,100 | Bronze A-1100k No deductible 1,100 | Bronze B-1100 Deductible=5m 1,100 | Bronze B-1100 No deductible 1,100 | Bronze B-3000 Deductible=5m 3,000 | Bronze B-3000 No deductible 3,000 |
|---|---|---|---|---|---|---|---|---|---|
| Cermat1-300kDeductible=1m | 300 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Cermat2-550kDeductible=2m | 550 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Cermat3-650kDeductible=3m | 650 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze A-550kDeductible=4m | 550 | | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze A-1100kDeductible=4m | 1100 | GIO | FUW | | FUW | FUW | FUW | FUW | FUW |
| Bronze B-1100Deductible=5m | 1100 | GIO | FUW | GIO | FUW | | FUW | FUW | FUW |
| Bronze B-3000Deductible=5m | 3000 | GIO | FUW | GIO | FUW | GIO | FUW | | FUW |
| Silver A-550Deductible=4m | 550 | GIO | GIO | GIO | GIO | FUW | FUW | FUW | FUW |
| Silver A-1100Deductible=4m | 1100 | GIO | GIO | GIO | GIO | GIO | FUW | FUW | FUW |
| Silver B-1100Deductible=5m | 3000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Silver B-3000Deductible=5m | 3000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold A-1100Deductible=9m | 1100 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold A-3000Deductible=9m | 3000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold B-1700Deductible=10m | 1700 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold B-5000Deductible=10m | 5000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Platinum-1700Deductible=15m | 1700 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Platinum-10000Deductible=15m | 10000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Diamond-1700Deductible=20m | 1700 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Diamond-10000Deductible=20m | 10000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |



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| | | Silver A-550 Deductible=4m 550 | Silver A-550 No deductible 550 | Silver A-1100 Deductible=4m 1,100 | Silver A-1100 No deductible 1,100 | Silver B-1100 Deductible=5m 1,100 | Silver B-1100 No deductible 1,100 | Silver B-3000 Deductible=5m 3,000 | Silver B-3000 No deductible 3,000 |
|---|---|---|---|---|---|---|---|---|---|
| Cermat1-300kDeductible=1m | 300 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Cermat2-550kDeductible=2m | 550 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Cermat3-650kDeductible=3m | 650 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze A-550kDeductible=4m | 550 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze A-1100kDeductible=4m | 1100 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze B-1100Deductible=5m | 1100 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze B-3000Deductible=5m | 3000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver A-550Deductible=4m | 550 | | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver A-1100Deductible=4m | 1100 | GIO | FUW | | FUW | FUW | FUW | FUW | FUW |
| Silver B-1100Deductible=5m | 3000 | GIO | FUW | GIO | FUW | | FUW | FUW | FUW |
| Silver B-3000Deductible=5m | 3000 | GIO | FUW | GIO | FUW | GIO | FUW | | FUW |
| Gold A-1100Deductible=9m | 1100 | GIO | GIO | GIO | GIO | GIO | FUW | FUW | FUW |
| Gold A-3000Deductible=9m | 3000 | GIO | GIO | GIO | GIO | GIO | FUW | GIO | FUW |
| Gold B-1700Deductible=10m | 1700 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold B-5000Deductible=10m | 5000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Platinum-1700Deductible=15m | 1700 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Platinum-10000Deductible=15m | 10000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Diamond-1700Deductible=20m | 1700 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Diamond-10000Deductible=20m | 10000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |



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| | | Gold A-1100 Deductible=9m 1,100 | Gold A-1100 No deductible 1,100 | Gold A-3000 Deductible=9m 3,000 | Gold A-3000 No deductible 3,000 | Gold B-1700 Deductible=10m 1,700 | Gold B-1700 No deductible 1,700 | Gold B-5000 Deductible=10m 5,000 | Gold B-5000 No deductible 5,000 |
|---|---|---|---|---|---|---|---|---|---|
| Cermat1-300kDeductible=1m | 300 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Cermat2-550kDeductible=2m | 550 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Cermat3-650kDeductible=3m | 650 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze A-550kDeductible=4m | 550 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze A-1100kDeductible=4m | 1100 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze B-1100Deductible=5m | 1100 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze B-3000Deductible=5m | 3000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver A-550Deductible=4m | 550 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver A-1100Deductible=4m | 1100 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver B-1100Deductible=5m | 3000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver B-3000Deductible=5m | 3000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Gold A-1100Deductible=9m | 1100 | | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Gold A-3000Deductible=9m | 3000 | GIO | FUW | | FUW | FUW | FUW | FUW | FUW |
| Gold B-1700Deductible=10m | 1700 | GIO | FUW | FUW | FUW | | FUW | FUW | FUW |
| Gold B-5000Deductible=10m | 5000 | GIO | FUW | GIO | FUW | GIO | FUW | | FUW |
| Platinum-1700Deductible=15m | 1700 | GIO | GIO | GIO | GIO | GIO | FUW | FUW | FUW |
| Platinum-10000Deductible=15m | 10000 | GIO | GIO | GIO | GIO | GIO | FUW | GIO | FUW |
| Diamond-1700Deductible=20m | 1700 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Diamond-10000Deductible=20m | 10000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |



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| | | Platinum-1700 Deductible=15m 1,700 | Platinum-1700 No deductible 1,700 | Platinum-10000 Deductible=15m 10,000 | Platinum-10000 No deductible 10,000 | Diamond-1700 Deductible=20m 1,700 | Diamond-1700 No deductible 1,700 | Diamond-10000 Deductible=20m 10,000 | Diamond-10000 No deductible 10,000 |
|---|---|---|---|---|---|---|---|---|---|
| Cermat1-300kDeductible=1m | 300 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Cermat2-550kDeductible=2m | 550 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Cermat3-650kDeductible=3m | 650 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze A-550kDeductible=4m | 550 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze A-1100kDeductible=4m | 1100 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze B-1100Deductible=5m | 1100 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze B-3000Deductible=5m | 3000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver A-550Deductible=4m | 550 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver A-1100Deductible=4m | 1100 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver B-1100Deductible=5m | 3000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver B-3000Deductible=5m | 3000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Gold A-1100Deductible=9m | 1100 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Gold A-3000Deductible=9m | 3000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Gold B-1700Deductible=10m | 1700 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Gold B-5000Deductible=10m | 5000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Platinum-1700Deductible=15m | 1700 | | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Platinum-10000Deductible=15m | 10000 | GIO | FUW | | FUW | FUW | FUW | FUW | FUW |
| Diamond-1700Deductible=20m | 1700 | GIO | FUW | FUW | FUW | | FUW | FUW | FUW |
| Diamond-10000Deductible=20m | 10000 | GIO | FUW | GIO | FUW | GIO | FUW | | FUW |

**Legend:**

| |
|---|
| GIO |
| FUW |

**Example 1:**

An Insured who owns PRUPrime Health Care Plus Pro (PPH+ Pro) **Bronze A-1.1 mio with deductible of 4 mio** wants to convert his policy into PRUPrime Health Care Plus Pro (PPH+ Pro) **Bronze A-550K with deductible of 4 mio.** Since there is no upgrade in Room Limit/Coverage Area/Deductible, therefore, in this case, he only needs to undergo the GIO process.

**Example 2:**

An Insured who owns PRUPrime Health Care Plus Pro (PPH+ Pro) **Bronze A-1.1 mio with deductible of 4 mio** wants to convert his policy into PRUPrime Health Care Plus Pro (PPH+ Pro) **SIlver A-550K with no deductible**. Since there is an upgrade in Coverage Area and Deductible, therefore, in this case, he is required to undergo the FUW process.



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**PPH+ (no deductible) -> PPH+ Pro**

| | | Cermat1-300k Deductible=1m 300 | Cermat1-300k No deductible 300 | Cermat2-550k Deductible=2m 550 | Cermat2-550k No deductible 550 | Cermat3-650k Deductible=3m 650 | Cermat3-650k No deductible 650 |
|---|---|---|---|---|---|---|---|
| Cermat1-300k | 300 | GIO | GIO | FUW | FUW | FUW | FUW |
| Cermat2-550k | 550 | GIO | GIO | GIO | GIO | FUW | FUW |
| Cermat3-650k | 650 | GIO | GIO | GIO | GIO | GIO | GIO |
| Bronze A-500k | 500 | GIO | GIO | GIO | GIO | GIO | GIO |
| Bronze A-1m | 1000 | GIO | GIO | GIO | GIO | GIO | GIO |
| Bronze B-1m | 1000 | GIO | GIO | GIO | GIO | GIO | GIO |
| Bronze B-3m | 3000 | GIO | GIO | GIO | GIO | GIO | GIO |
| Silver A-500k | 500 | GIO | GIO | GIO | GIO | GIO | GIO |
| Silver A-1m | 1000 | GIO | GIO | GIO | GIO | GIO | GIO |
| Silver B-1m | 1000 | GIO | GIO | GIO | GIO | GIO | GIO |
| Silver B-3m | 3000 | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold A-1m | 1000 | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold A-3m | 3000 | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold B-1.5m | 1500 | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold B-5m | 5000 | GIO | GIO | GIO | GIO | GIO | GIO |
| Platinum-1.5m | 1500 | GIO | GIO | GIO | GIO | GIO | GIO |
| Platinum-10m | 10000 | GIO | GIO | GIO | GIO | GIO | GIO |
| Diamond-1.5m | 1500 | GIO | GIO | GIO | GIO | GIO | GIO |
| Diamond-10m | 10000 | GIO | GIO | GIO | GIO | GIO | GIO |



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| | | Bronze A-550k Deductible=4m 550 | Bronze A-550k No deductible 550 | Bronze A-1100k Deductible=4m 1,100 | Bronze A-1100k No deductible 1,100 | Bronze B-1100 Deductible=5m 1,100 | Bronze B-1100 No deductible 1,100 | Bronze B-3000 Deductible=5m 3,000 | Bronze B-3000 No deductible 3,000 |
|---|---|---|---|---|---|---|---|---|---|
| Cermat1-300k | 300 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Cermat2-550k | 550 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Cermat3-650k | 650 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze A-500k | 500 | GIO | GIO | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze A-1m | 1000 | GIO | GIO | GIO | GIO | FUW | FUW | FUW | FUW |
| Bronze B-1m | 1000 | GIO | GIO | GIO | GIO | GIO | GIO | FUW | FUW |
| Bronze B-3m | 3000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Silver A-500k | 500 | GIO | GIO | GIO | GIO | FUW | FUW | FUW | FUW |
| Silver A-1m | 1000 | GIO | GIO | GIO | GIO | GIO | GIO | FUW | FUW |
| Silver B-1m | 1000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Silver B-3m | 3000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold A-1m | 1000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold A-3m | 3000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold B-1.5m | 1500 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold B-5m | 5000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Platinum-1.5m | 1500 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Platinum-10m | 10000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Diamond-1.5m | 1500 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Diamond-10m | 10000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |

| | | Silver A-550 Deductible=4m 550 | Silver A-550 No deductible 550 | Silver A-1100 Deductible=4m 1,100 | Silver A-1100 No deductible 1,100 | Silver B-1100 Deductible=5m 1,100 | Silver B-1100 No deductible 1,100 | Silver B-3000 Deductible=5m 3,000 | Silver B-3000 No deductible 3,000 |
|---|---|---|---|---|---|---|---|---|---|
| Cermat1-300k | 300 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Cermat2-550k | 550 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Cermat3-650k | 650 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze A-500k | 500 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze A-1m | 1000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze B-1m | 1000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze B-3m | 3000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver A-500k | 500 | GIO | GIO | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver A-1m | 1000 | GIO | GIO | GIO | GIO | FUW | FUW | FUW | FUW |
| Silver B-1m | 1000 | GIO | GIO | GIO | GIO | GIO | GIO | FUW | FUW |
| Silver B-3m | 3000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold A-1m | 1000 | GIO | GIO | GIO | GIO | GIO | GIO | FUW | FUW |
| Gold A-3m | 3000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold B-1.5m | 1500 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold B-5m | 5000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Platinum-1.5m | 1500 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Platinum-10m | 10000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Diamond-1.5m | 1500 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Diamond-10m | 10000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |



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| | | Gold A-1100 Deductible=9m 1,100 | Gold A-1100 No deductible 1,100 | Gold A-3000 Deductible=9m 3,000 | Gold A-3000 No deductible 3,000 | Gold B-1700 Deductible=10m 1,700 | Gold B-1700 No deductible 1,700 | Gold B-5000 Deductible=10m 5,000 | Gold B-5000 No deductible 5,000 |
|---|---|---|---|---|---|---|---|---|---|
| Cermat1-300k | 300 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Cermat2-550k | 550 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Cermat3-650k | 650 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze A-500k | 500 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze A-1m | 1000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze B-1m | 1000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze B-3m | 3000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver A-500k | 500 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver A-1m | 1000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver B-1m | 1000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver B-3m | 3000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Gold A-1m | 1000 | GIO | GIO | FUW | FUW | FUW | FUW | FUW | FUW |
| Gold A-3m | 3000 | GIO | GIO | GIO | GIO | FUW | FUW | FUW | FUW |
| Gold B-1.5m | 1500 | GIO | GIO | FUW | FUW | GIO | GIO | FUW | FUW |
| Gold B-5m | 5000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Platinum-1.5m | 1500 | GIO | GIO | GIO | GIO | GIO | GIO | FUW | FUW |
| Platinum-10m | 10000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Diamond-1.5m | 1500 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Diamond-10m | 10000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |

| | | Platinum-1700 Deductible=15m 1,700 | Platinum-1700 No deductible 1,700 | Platinum-10000 Deductible=15m 10,000 | Platinum-10000 No deductible 10,000 | Diamond-1700 Deductible=20m 1,700 | Diamond-1700 No deductible 1,700 | Diamond-10000 Deductible=20m 10,000 | Diamond-10000 No deductible 10,000 |
|---|---|---|---|---|---|---|---|---|---|
| Cermat1-300k | 300 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Cermat2-550k | 550 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Cermat3-650k | 650 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze A-500k | 500 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze A-1m | 1000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze B-1m | 1000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze B-3m | 3000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver A-500k | 500 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver A-1m | 1000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver B-1m | 1000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver B-3m | 3000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Gold A-1m | 1000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Gold A-3m | 3000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Gold B-1.5m | 1500 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Gold B-5m | 5000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Platinum-1.5m | 1500 | GIO | GIO | FUW | FUW | FUW | FUW | FUW | FUW |
| Platinum-10m | 10000 | GIO | GIO | GIO | GIO | FUW | FUW | FUW | FUW |
| Diamond-1.5m | 1500 | GIO | GIO | FUW | FUW | GIO | GIO | FUW | FUW |
| Diamond-10m | 10000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |



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**Legend:**

| |
|---|
| GIO |
| FUW |

**Example 1:**

An Insured who owns PRUprime health care plus (PPH+) **Plan Cermat 1-300K with no deductible** wants to convert his policy into PRUPrime Health Care Plus Pro (PPH+ Pro) Cermat 1**-300K with Deductible of 1 mio**. Since there is no upgrade in Room Limit/Coverage area/Deductible, therefore, in this case, he only needs to undergo the GIO process.

**Example 2:**

An Insured who owns PRUprime health care plus (PPH+) **Plan Silver A-500K with no deductible** wants to convert his policy into PRUPrime Health Care Plus (PPH Plus) **Gold A-1,1 mio with Deductible of 9 mio**. Since there is an upgrade in Room Limit, therefore, in this case, he is required to undergo the FUW process.



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**PPH+ (with deductible) -> PPH+ Pro**

| | | Cermat1-300k Deductible=1m 300 | Cermat1-300k No deductible 300 | Cermat2-550k Deductible=2m 550 | Cermat2-550k No deductible 550 | Cermat3-650k Deductible=3m 650 | Cermat3-650k No deductible 650 |
|---|---|---|---|---|---|---|---|
| Cermat1-300kDeductible=1m | 300 | GIO | FUW | FUW | FUW | FUW | FUW |
| Cermat2-550kDeductible=2m | 550 | GIO | GIO | GIO | FUW | FUW | FUW |
| Cermat3-650kDeductible=3m | 650 | GIO | GIO | GIO | GIO | GIO | FUW |
| Bronze A-500kDeductible=4m | 500 | GIO | GIO | GIO | GIO | GIO | GIO |
| Bronze A-1mDeductible=4m | 1000 | GIO | GIO | GIO | GIO | GIO | GIO |
| Bronze B-1mDeductible=5m | 1000 | GIO | GIO | GIO | GIO | GIO | GIO |
| Bronze B-3mDeductible=5m | 3000 | GIO | GIO | GIO | GIO | GIO | GIO |
| Silver A-500kDeductible=4m | 500 | GIO | GIO | GIO | GIO | GIO | GIO |
| Silver A-1mDeductible=4m | 1000 | GIO | GIO | GIO | GIO | GIO | GIO |
| Silver B-1mDeductible=5m | 1000 | GIO | GIO | GIO | GIO | GIO | GIO |
| Silver B-3mDeductible=5m | 3000 | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold A-1mDeductible=9m | 1000 | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold A-3mDeductible=9m | 3000 | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold B-1.5mDeductible=10m | 1500 | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold B-5mDeductible=10m | 5000 | GIO | GIO | GIO | GIO | GIO | GIO |
| Platinum-1.5mDeductible=15m | 1500 | GIO | GIO | GIO | GIO | GIO | GIO |
| Platinum-10mDeductible=15m | 10000 | GIO | GIO | GIO | GIO | GIO | GIO |
| Diamond-1.5mDeductible=20m | 1500 | GIO | GIO | GIO | GIO | GIO | GIO |
| Diamond-10mDeductible=20m | 10000 | GIO | GIO | GIO | GIO | GIO | GIO |



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| | | Bronze A-550k Deductible=4m 550 | Bronze A-550k No deductible 550 | Bronze A-1100k Deductible=4m 1,100 | Bronze A-1100k No deductible 1,100 | Bronze B-1100 Deductible=5m 1,100 | Bronze B-1100 No deductible 1,100 | Bronze B-3000 Deductible=5m 3,000 | Bronze B-3000 No deductible 3,000 |
|---|---|---|---|---|---|---|---|---|---|
| Cermat1-300kDeductible=1m | 300 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Cermat2-550kDeductible=2m | 550 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Cermat3-650kDeductible=3m | 650 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze A-500kDeductible=4m | 500 | GIO | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze A-1mDeductible=4m | 1000 | GIO | FUW | GIO | FUW | FUW | FUW | FUW | FUW |
| Bronze B-1mDeductible=5m | 1000 | GIO | FUW | GIO | FUW | GIO | FUW | FUW | FUW |
| Bronze B-3mDeductible=5m | 3000 | GIO | FUW | GIO | FUW | GIO | FUW | GIO | FUW |
| Silver A-500kDeductible=4m | 500 | GIO | GIO | GIO | GIO | FUW | FUW | FUW | FUW |
| Silver A-1mDeductible=4m | 1000 | GIO | GIO | GIO | GIO | GIO | FUW | FUW | FUW |
| Silver B-1mDeductible=5m | 1000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Silver B-3mDeductible=5m | 3000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold A-1mDeductible=9m | 1000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold A-3mDeductible=9m | 3000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold B-1.5mDeductible=10m | 1500 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold B-5mDeductible=10m | 5000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Platinum-1.5mDeductible=15m | 1500 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Platinum-10mDeductible=15m | 10000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Diamond-1.5mDeductible=20m | 1500 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Diamond-10mDeductible=20m | 10000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |

| | | Silver A-550 Deductible=4m 550 | Silver A-550 No deductible 550 | Silver A-1100 Deductible=4m 1,100 | Silver A-1100 No deductible 1,100 | Silver B-1100 Deductible=5m 1,100 | Silver B-1100 No deductible 1,100 | Silver B-3000 Deductible=5m 3,000 | Silver B-3000 No deductible 3,000 |
|---|---|---|---|---|---|---|---|---|---|
| Cermat1-300kDeductible=1m | 300 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Cermat2-550kDeductible=2m | 550 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Cermat3-650kDeductible=3m | 650 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze A-500kDeductible=4m | 500 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze A-1mDeductible=4m | 1000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze B-1mDeductible=5m | 1000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze B-3mDeductible=5m | 3000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver A-500kDeductible=4m | 500 | GIO | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver A-1mDeductible=4m | 1000 | GIO | FUW | GIO | FUW | FUW | FUW | FUW | FUW |
| Silver B-1mDeductible=5m | 1000 | GIO | FUW | GIO | FUW | GIO | FUW | FUW | FUW |
| Silver B-3mDeductible=5m | 3000 | GIO | FUW | GIO | FUW | GIO | FUW | GIO | FUW |
| Gold A-1mDeductible=9m | 1000 | GIO | GIO | GIO | GIO | GIO | FUW | FUW | FUW |
| Gold A-3mDeductible=9m | 3000 | GIO | GIO | GIO | GIO | GIO | FUW | GIO | FUW |
| Gold B-1.5mDeductible=10m | 1500 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Gold B-5mDeductible=10m | 5000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Platinum-1.5mDeductible=15m | 1500 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Platinum-10mDeductible=15m | 10000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Diamond-1.5mDeductible=20m | 1500 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Diamond-10mDeductible=20m | 10000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |



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| | | Gold A-1100 Deductible=9m 1,100 | Gold A-1100 No deductible 1,100 | Gold A-3000 Deductible=9m 3,000 | Gold A-3000 No deductible 3,000 | Gold B-1700 Deductible=10m 1,700 | Gold B-1700 No deductible 1,700 | Gold B-5000 Deductible=10m 5,000 | Gold B-5000 No deductible 5,000 |
|---|---|---|---|---|---|---|---|---|---|
| Cermat1-300kDeductible=1m | 300 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Cermat2-550kDeductible=2m | 550 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Cermat3-650kDeductible=3m | 650 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze A-500kDeductible=4m | 500 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze A-1mDeductible=4m | 1000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze B-1mDeductible=5m | 1000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze B-3mDeductible=5m | 3000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver A-500kDeductible=4m | 500 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver A-1mDeductible=4m | 1000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver B-1mDeductible=5m | 1000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver B-3mDeductible=5m | 3000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Gold A-1mDeductible=9m | 1000 | GIO | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Gold A-3mDeductible=9m | 3000 | GIO | FUW | GIO | FUW | FUW | FUW | FUW | FUW |
| Gold B-1.5mDeductible=10m | 1500 | GIO | FUW | FUW | FUW | GIO | FUW | FUW | FUW |
| Gold B-5mDeductible=10m | 5000 | GIO | FUW | GIO | FUW | GIO | FUW | GIO | FUW |
| Platinum-1.5mDeductible=15m | 1500 | GIO | GIO | GIO | GIO | GIO | FUW | FUW | FUW |
| Platinum-10mDeductible=15m | 10000 | GIO | GIO | GIO | GIO | GIO | FUW | GIO | FUW |
| Diamond-1.5mDeductible=20m | 1500 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Diamond-10mDeductible=20m | 10000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |

| | | Platinum-1700 Deductible=15m 1,700 | Platinum-1700 No deductible 1,700 | Platinum-10000 Deductible=15m 10,000 | Platinum-10000 No deductible 10,000 | Diamond-1700 Deductible=20m 1,700 | Diamond-1700 No deductible 1,700 | Diamond-10000 Deductible=20m 10,000 | Diamond-10000 No deductible 10,000 |
|---|---|---|---|---|---|---|---|---|---|
| Cermat1-300kDeductible=1m | 300 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Cermat2-550kDeductible=2m | 550 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Cermat3-650kDeductible=3m | 650 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze A-500kDeductible=4m | 500 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze A-1mDeductible=4m | 1000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze B-1mDeductible=5m | 1000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Bronze B-3mDeductible=5m | 3000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver A-500kDeductible=4m | 500 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver A-1mDeductible=4m | 1000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver B-1mDeductible=5m | 1000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Silver B-3mDeductible=5m | 3000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Gold A-1mDeductible=9m | 1000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Gold A-3mDeductible=9m | 3000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Gold B-1.5mDeductible=10m | 1500 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Gold B-5mDeductible=10m | 5000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Platinum-1.5mDeductible=15m | 1500 | GIO | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Platinum-10mDeductible=15m | 10000 | GIO | FUW | GIO | FUW | FUW | FUW | FUW | FUW |
| Diamond-1.5mDeductible=20m | 1500 | GIO | FUW | FUW | FUW | GIO | FUW | FUW | FUW |
| Diamond-10mDeductible=20m | 10000 | GIO | FUW | GIO | FUW | GIO | FUW | GIO | FUW |



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| Legend: |
| --- |
| GIO |
| FUW |

**Example 1:**

An Insured who owns PRUprime health care plus (PPH+) **Plan Cermat 1-300K with Deductible of 1 mio** wants to convert his policy into PRUPrime Health Care Plus Pro (PPH+ Pro) Cermat 1**-300K with Deductible of 1 mio**. Since there is no upgrade in Room Limit/Coverage area/Deductible, therefore, in this case, he only needs to undergo the GIO process.

**Example 2:**

An Insured who owns PRUprime health care plus (PPH+) **Plan Silver A-500K mio with Deductible of 4 mio** wants to convert his policy into PRUPrime Health Care Plus Pro (PPH+ Pro) **Gold A-1.1 mio with Deductible of 9 mio**. Since there is an upgrade in Room Limit, therefore, in this case, he is required to undergo the FUW process.



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## PPH (no deductible) -> PPH+ Pro

| | | Cermat1-300k Deductible=1m 300 | Cermat1-300k No deductible 300 | Cermat2-550k Deductible=2m 550 | Cermat2-550k No deductible 550 | Cermat3-650k Deductible=3m 650 | Cermat3-650k No deductible 650 | Bronze A-550k Deductible=4m 550 | Bronze A-550k No deductible 550 | Bronze A-1100k Deductible=4m 1,100 | Bronze A-1100k No deductible 1,100 | Bronze B-1100 Deductible=5m 1,100 | Bronze B-1100 No deductible 1,100 | Bronze B-3000 Deductible=5m 3,000 | Bronze B-3000 No deductible 3,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Plan 1m-no deductible | 1000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Plan 1.5m-no deductible | 1500 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Plan 2m-no deductible | 2000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Plan 4m-no deductible | 4000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Plan 6m-no deductible | 6000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Plan 8m-no deductible | 8000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |

| | | Silver A-550 Deductible=4m 550 | Silver A-550 No deductible 550 | Silver A-1100 Deductible=4m 1,100 | Silver A-1100 No deductible 1,100 | Silver B-1100 Deductible=5m 1,100 | Silver B-1100 No deductible 1,100 | Silver B-3000 Deductible=5m 3,000 | Silver B-3000 No deductible 3,000 | Gold A-1100 Deductible=9m 1,100 | Gold A-1100 No deductible 1,100 | Gold A-3000 Deductible=9m 3,000 | Gold A-3000 No deductible 3,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Plan 1m-no deductible | 1000 | GIO | GIO | GIO | GIO | GIO | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan 1.5m-no deductible | 1500 | GIO | GIO | GIO | GIO | GIO | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan 2m-no deductible | 2000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Plan 4m-no deductible | 4000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Plan 6m-no deductible | 6000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Plan 8m-no deductible | 8000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |

| | | Gold B-1700 Deductible=10m 1,700 | Gold B-1700 No deductible 1,700 | Gold B-5000 Deductible=10m 5,000 | Gold B-5000 No deductible 5,000 | Platinum-1700 Deductible=15m 1,700 | Platinum-1700 No deductible 1,700 | Platinum-10000 Deductible=15m 10,000 | Platinum-10000 No deductible 10,000 | Diamond-1700 Deductible=20m 1,700 | Diamond-1700 No deductible 1,700 | Diamond-10000 Deductible=20m 10,000 | Diamond-10000 No deductible 10,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Plan 1m-no deductible | 1000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan 1.5m-no deductible | 1500 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan 2m-no deductible | 2000 | GIO | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan 4m-no deductible | 4000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | FUW |
| Plan 6m-no deductible | 6000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | FUW |
| Plan 8m-no deductible | 8000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |

**Legend:**

| |
|---|
| GIO |
| FUW |

### Example 1:

An Insured who owns PRUPrime Healthcare (PPH) **Plan 2 mio with no deductible** wants to convert his policy into PRUPrime Health Care Plus Pro (PPH+ Pro) **Bronze A-550K with no deductible.** Since there is no upgrade in Room Limit or Coverage area, therefore, in this case, he only needs to undergo the GIO process.



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**Example 2:**

An Insured who owns PRUPrime Healthcare (PPH) **Plan 4 mio with no deductible** wants to convert his policy into PRUPrime Health Care Plus Pro (PPH+ Pro) **Gold A-3 mio with no deductible**. Since there is an upgrade in Room Limit, therefore, in this case, he is required to undergo the FUW process.

**PPH (with deductible) -> PPH+ Pro**

| | | Cermat1-300k Deductible=1m 300 | Cermat1-300k No deductible 300 | Cermat2-550k Deductible=2m 550 | Cermat2-550k No deductible 550 | Cermat3-650k Deductible=3m 650 | Cermat3-650k No deductible 650 | Bronze A-550k Deductible=4m 550 | Bronze A-550k No deductible 550 | Bronze A-1100k Deductible=4m 1,100 | Bronze A-1100k No deductible 1,100 | Bronze B-1100 Deductible=5m 1,100 | Bronze B-1100 No deductible 1,100 | Bronze B-3000 Deductible=5m 3,000 | Bronze B-3000 No deductible 3,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Plan 1m-4.5m deductible | 1000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | FUW |
| Plan 1m-9m deductible | 1000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | FUW |
| Plan 1.5m-5m deductible | 1500 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Plan 1.5m-10m deductible | 1500 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Plan 2m-6m deductible | 2000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Plan 2m-12m deductible | 2000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Plan 4m-8m deductible | 4000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Plan 4m-16m deductible | 4000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Plan 6m-10m deductible | 6000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Plan 6m-20 deductible | 6000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Plan 8m-12m deductible | 8000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Plan 8m-24m deductible | 8000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |

| | | Silver A-550 Deductible=4m 550 | Silver A-550 No deductible 550 | Silver A-1100 Deductible=4m 1,100 | Silver A-1100 No deductible 1,100 | Silver B-1100 Deductible=5m 1,100 | Silver B-1100 No deductible 1,100 | Silver B-3000 Deductible=5m 3,000 | Silver B-3000 No deductible 3,000 | Gold A-1100 Deductible=9m 1,100 | Gold A-1100 No deductible 1,100 | Gold A-3000 Deductible=9m 3,000 | Gold A-3000 No deductible 3,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Plan 1m-4.5m deductible | 1000 | GIO | GIO | GIO | FUW | GIO | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan 1m-9m deductible | 1000 | GIO | GIO | GIO | FUW | GIO | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan 1.5m-5m deductible | 1500 | GIO | GIO | GIO | GIO | GIO | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan 1.5m-10m deductible | 1500 | GIO | GIO | GIO | GIO | GIO | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan 2m-6m deductible | 2000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | FUW |
| Plan 2m-12m deductible | 2000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | FUW | FUW |
| Plan 4m-8m deductible | 4000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Plan 4m-16m deductible | 4000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | FUW |
| Plan 6m-10m deductible | 6000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Plan 6m-20 deductible | 6000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Plan 8m-12m deductible | 8000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Plan 8m-24m deductible | 8000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |



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| | | Gold B-1700 Deductible=10m 1,700 | Gold B-1700 No deductible 1,700 | Gold B-5000 Deductible=10m 5,000 | Gold B-5000 No deductible 5,000 | Platinum-1700 Deductible=15m 1,700 | Platinum-1700 No deductible 1,700 | Platinum-10000 Deductible=15m 10,000 | Platinum-10000 No deductible 10,000 | Diamond-1700 Deductible=20m 1,700 | Diamond-1700 No deductible 1,700 | Diamond-10000 Deductible=20m 10,000 | Diamond-10000 No deductible 10,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Plan 1m-4.5m deductible | 1000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan 1m-9m deductible | 1000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan 1.5m-5m deductible | 1500 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan 1.5m-10m deductible | 1500 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan 2m-6m deductible | 2000 | GIO | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan 2m-12m deductible | 2000 | GIO | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan 4m-8m deductible | 4000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | FUW | GIO | GIO | FUW | FUW |
| Plan 4m-16m deductible | 4000 | GIO | GIO | GIO | FUW | GIO | GIO | GIO | FUW | GIO | GIO | FUW | FUW |
| Plan 6m-10m deductible | 6000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | FUW | FUW |
| Plan 6m-20 deductible | 6000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | FUW | GIO | GIO | FUW | FUW |
| Plan 8m-12m deductible | 8000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | FUW |
| Plan 8m-24m deductible | 8000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | FUW |

**Legend:**

| |
|---|
| GIO |
| FUW |

**Example 1:**

An Insured who owns PRUPrime Healthcare (PPH) **Plan 2 mio with deductible of 6 mio** wants to convert his policy into PRUPrime Health Care Plus Pro (PPH+ Pro) **Bronze A-550K with no deductible.** Since there is no upgrade in Room Limit or Coverage area, therefore, in this case, he only needs to undergo the GIO process.

**Example 2:**

An Insured who owns PRUPrime Healthcare (PPH) **Plan 4 mio with deductible of 8 mio** wants to convert his policy into PRUPrime Health Care Plus Pro (PPH+ Pro) **Platinum A - 10 mio with no deductible**. Since there is an upgrade in Room Limit, therefore, in this case, he is required to undergo the FUW process.



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**HS+ -> PPH+ Pro**

| | | Cermat1-300k Deductible=1m 300 | Cermat1-300k No deductible 300 | Cermat2-550k Deductible=2m 550 | Cermat2-550k No deductible 550 | Cermat3-650k Deductible=3m 650 | Cermat3-650k No deductible 650 | Bronze A-550k Deductible=4m 550 | Bronze A-550k No deductible 550 | Bronze A-1100k Deductible=4m 1.100 | Bronze A-1100k No deductible 1.100 | Bronze B-1100 Deductible=5m 1.100 | Bronze B-1100 No deductible 1.100 | Bronze B-3000 Deductible=5m 3.000 | Bronze B-3000 No deductible 3.000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Plan A-250k | 250 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan B-425k | 425 | GIO | GIO | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan C-600k | 600 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan D-900k | 900 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan E-1.2m | 1200 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | FUW | FUW |
| Plan F-1.8m | 1800 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Plan G-2.35m | 2350 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Plan H-3m | 3000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |

| | | Silver A-550 Deductible=4m 550 | Silver A-550 No deductible 550 | Silver A-1100 Deductible=4m 1.100 | Silver A-1100 No deductible 1.100 | Silver B-1100 Deductible=5m 1.100 | Silver B-1100 No deductible 1.100 | Silver B-3000 Deductible=5m 3.000 | Silver B-3000 No deductible 3.000 | Gold A-1100 Deductible=9m 1.100 | Gold A-1100 No deductible 1.100 | Gold A-3000 Deductible=9m 3.000 | Gold A-3000 No deductible 3.000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Plan A-250k | 250 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan B-425k | 425 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan C-600k | 600 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan D-900k | 900 | GIO | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan E-1.2m | 1200 | GIO | GIO | GIO | GIO | GIO | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan F-1.8m | 1800 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | FUW | FUW |
| Plan G-2.35m | 2350 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | FUW | FUW |
| Plan H-3m | 3000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |

| | | Gold B-1700 Deductible=10m 1.700 | Gold B-1700 No deductible 1.700 | Gold B-5000 Deductible=10m 5.000 | Gold B-5000 No deductible 5.000 | Platinum-1700 Deductible=15m 1.700 | Platinum-1700 No deductible 1.700 | Platinum-10000 Deductible=15m 10.000 | Platinum-10000 No deductible 10.000 | Diamond-1700 Deductible=20m 1.700 | Diamond-1700 No deductible 1.700 | Diamond-10000 Deductible=20m 10.000 | Diamond-10000 No deductible 10.000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Plan A-250k | 250 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan B-425k | 425 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan C-600k | 600 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan D-900k | 900 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan E-1.2m | 1200 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan F-1.8m | 1800 | GIO | GIO | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan G-2.35m | 2350 | GIO | GIO | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan H-3m | 3000 | GIO | GIO | FUW | FUW | GIO | GIO | FUW | FUW | FUW | FUW | FUW | FUW |

| **Legend:** |
|---|
| GIO |
| FUW |
| FUW (GIO in previous matrix) |

**Example 1:**

An Insured who owns PRUHospital and Surgical Plus (HS+) **Plan C-600K** wants to convert his policy into PRUPrime Health Care Plus Pro (PPH+ Pro) **Bronze A-550K with no deductible.** Since there is no upgrade in Room Limit or Coverage area, therefore, in this case, he only needs to undergo the GIO process.



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**Example 2:**

An Insured who owns PRUHospital and Surgical Plus (HS+) **Plan C-600K** wants to convert his policy into PRUPrime Health Care Plus Pro (PPH+ Pro) **Bronze A-1.1 mio with no deductible**. Since there is an upgrade in Room Limit, therefore, in this case, he is required to undergo the FUW process.



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**HS (Variant) -> PPH+ Pro**

| | | Cermat1-300k Deductible=1m 300 | Cermat1-300k No deductible 300 | Cermat2-550k Deductible=2m 550 | Cermat2-550k No deductible 550 | Cermat3-650k Deductible=3m 650 | Cermat3-650k No deductible 650 | Bronze A-550k Deductible=4m 550 | Bronze A-550k No deductible 550 | Bronze A-1100k Deductible=4m 1.100 | Bronze A-1100k No deductible 1.100 | Bronze B-1100 Deductible=5m 1.100 | Bronze B-1100 No deductible 1.100 | Bronze B-3000 Deductible=5m 3.000 | Bronze B-3000 No deductible 3.000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Plan A-200k | 200 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan B-350k | 350 | GIO | GIO | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan C-500k | 500 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan D-750k | 750 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan E-1m | 1000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | FUW | FUW |
| Plan F-1.5m | 1500 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Plan G-2m | 2000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Plan H-2.5m | 2500 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |

| | | Silver A-550 Deductible=4m 550 | Silver A-550 No deductible 550 | Silver A-1100 Deductible=4m 1.100 | Silver A-1100 No deductible 1.100 | Silver B-1100 Deductible=5m 1.100 | Silver B-1100 No deductible 1.100 | Silver B-3000 Deductible=5m 3.000 | Silver B-3000 No deductible 3.000 | Gold A-1100 Deductible=9m 1.100 | Gold A-1100 No deductible 1.100 | Gold A-3000 Deductible=9m 3.000 | Gold A-3000 No deductible 3.000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Plan A-200k | 200 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan B-350k | 350 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan C-500k | 500 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan D-750k | 750 | GIO | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan E-1m | 1000 | GIO | GIO | GIO | GIO | GIO | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan F-1.5m | 1500 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | FUW | FUW |
| Plan G-2m | 2000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | FUW | FUW |
| Plan H-2.5m | 2500 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |

| | | Gold B-1700 Deductible=10m 1.700 | Gold B-1700 No deductible 1.700 | Gold B-5000 Deductible=10m 5.000 | Gold B-5000 No deductible 5.000 | Platinum-1700 Deductible=15m 1.700 | Platinum-1700 No deductible 1.700 | Platinum-10000 Deductible=15m 10.000 | Platinum-10000 No deductible 10.000 | Diamond-1700 Deductible=20m 1.700 | Diamond-1700 No deductible 1.700 | Diamond-10000 Deductible=20m 10.000 | Diamond-10000 No deductible 10.000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Plan A-200k | 200 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan B-350k | 350 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan C-500k | 500 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan D-750k | 750 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan E-1m | 1000 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan F-1.5m | 1500 | GIO | GIO | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan G-2m | 2000 | GIO | GIO | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan H-2.5m | 2500 | GIO | GIO | FUW | FUW | GIO | GIO | FUW | FUW | FUW | FUW | FUW | FUW |

**Legend:**

| |
|---|
| GIO |
| FUW |
| FUW (GIO in previous matrix) |



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**Example 1:**

An Insured who owns PRUHospital and Surgical (HS Variant) **Plan D-750K** wants to convert his policy into PRUPrime Health Care Plus Pro (PPH+ Pro) **Bronze A-550K with no deductible.** Since there is no upgrade in Room Limit or Coverage area, therefore, in this case, he only needs to undergo the GIO process.

**Example 2:**

An Insured who owns PRUHospital and Surgical (HS Variant) **Plan C-500K** wants to convert his policy into PRUPrime Health Care Plus Pro (PPH+ Pro) **Gold B - 5 mio with no deductible**. Since there is an upgrade in Room Limit, therefore, in this case, he is required to undergo the FUW process.



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**HS (Variant - USD) -> PPH+ Pro**

| | | Cermat1-300k Deductible=1m 300 | Cermat1-300k No deductible 300 | Cermat2-550k Deductible=2m 550 | Cermat2-550k No deductible 550 | Cermat3-650k Deductible=3m 650 | Cermat3-650k No deductible 650 | Bronze A-550k Deductible=4m 550 | Bronze A-550k No deductible 550 | Bronze A-1100k Deductible=4m 1.100 | Bronze A-1100k No deductible 1.100 | Bronze B-1100 Deductible=5m 1.100 | Bronze B-1100 No deductible 1.100 | Bronze B-3000 Deductible=5m 3.000 | Bronze B-3000 No deductible 3.000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Plan A-USD 50 | 700 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan B-USD 100 | 1400 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | FUW | FUW |
| Plan C-USD250 | 3500 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Plan D-USD300 | 4200 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Plan E-USD400 | 5600 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Plan F-USD500 | 7000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |

| | | Silver A-550 Deductible=4m 550 | Silver A-550 No deductible 550 | Silver A-1100 Deductible=4m 1.100 | Silver A-1100 No deductible 1.100 | Silver B-1100 Deductible=5m 1.100 | Silver B-1100 No deductible 1.100 | Silver B-3000 Deductible=5m 3.000 | Silver B-3000 No deductible 3.000 | Gold A-1100 Deductible=9m 1.100 | Gold A-1100 No deductible 1.100 | Gold A-3000 Deductible=9m 3.000 | Gold A-3000 No deductible 3.000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Plan A-USD 50 | 700 | GIO | GIO | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan B-USD 100 | 1400 | GIO | GIO | GIO | GIO | GIO | GIO | FUW | FUW | GIO | GIO | FUW | FUW |
| Plan C-USD250 | 3500 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Plan D-USD300 | 4200 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Plan E-USD400 | 5600 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Plan F-USD500 | 7000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |

| | | Gold B-1700 Deductible=10m 1.700 | Gold B-1700 No deductible 1.700 | Gold B-5000 Deductible=10m 5.000 | Gold B-5000 No deductible 5.000 | Platinum-1700 Deductible=15m 1.700 | Platinum-1700 No deductible 1.700 | Platinum-10000 Deductible=15m 10.000 | Platinum-10000 No deductible 10.000 | Diamond-1700 Deductible=20m 1.700 | Diamond-1700 No deductible 1.700 | Diamond-10000 Deductible=20m 10.000 | Diamond-10000 No deductible 10.000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Plan A-USD 50 | 700 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan B-USD 100 | 1400 | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW |
| Plan C-USD250 | 3500 | GIO | GIO | FUW | FUW | GIO | GIO | FUW | FUW | GIO | GIO | FUW | FUW |
| Plan D-USD300 | 4200 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | FUW | FUW |
| Plan E-USD400 | 5600 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |
| Plan F-USD500 | 7000 | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO | GIO |

| **Legend:** |
|---|
| GIO |
| FUW |
| FUW (GIO in previous matrix) |

**Example 1:**

An Insured who owns PRUHospital and Surgical (HS Variant - USD) **Plan D- USD300** wants to convert his policy into PRUPrime Health Care Plus Pro (PPH+ Pro) **Bronze A-550K with no deductible.** Since there is no upgrade in Room Limit or Coverage area, therefore, in this case, he only needs to undergo the GIO process.



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**Example 2:**

An Insured who owns PRUHospital and Surgical (HS Variant - USD) **Plan C- USD250** wants to convert his policy into PRUPrime Health Care Plus Pro (PPH+ Pro) **Gold B - 5 mio with no deductible**. Since there is an upgrade in Room Limit, therefore, in this case, he is required to undergo the FUW process.

**Claims treatment for new exclusions (FUW only) PPH to PPH Plus**

| PPH1 to PPH2 Scenarios | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| New R&B limit | > | > | > | > | > | > | < | < | < | < | < | < | = | = | = | = | = | = |
| New Coverage area | > | > | < | < | = | = | > | > | < | < | = | = | > | > | < | < | = | = |
| Old Deductible | N | Y | N | Y | N | Y | N | Y | N | Y | N | Y | N | Y | N | Y | N | Y |
| Status | UP | UP | UP | UP | UP | UP | UP | UP | DOWN | DOWN | DOWN | DOWN | UP | UP | DOWN | DOWN | DOWN | DOWN |
| UW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | FUW | GIO | GIO | GIO | GIO | FUW | FUW | GIO | GIO | GIO | GIO |
| New Ex and WP | PAY ACCORDING TO | | | | | | | | | | | | | | | | | |
| R&B limit | OLD | OLD | OLD | OLD | OLD | OLD | OLD | OLD | NEW | NEW | NEW | NEW | OLD | OLD | NEW | NEW | NEW | NEW |
| Coverage area | OLD | OLD | OLD | OLD | OLD | OLD | OLD | OLD | NEW | NEW | NEW | NEW | OLD | OLD | NEW | NEW | NEW | NEW |
| Deductible | N | OLD | N | OLD | N | OLD | N | OLD | NEW | NEW | NEW | NEW | N | OLD | NEW | NEW | NEW | NEW |

**Note:**
ID & MY to Asia excl SG, HK,JP is not defined as area upgrade i.e. same area
For deductible, NEW means to apply the deductible option in the PPH Plus plan

**Legend:**

| |
|---|
| GIO |
| FUW |

**Example (Scenario 1):**

An Insured who owns **PRUprime health care (Old PPH) Plan 1 mio with no deductible** wants to convert his policy into **PRUPrime Health Care Plus (PPH2) Gold A-3 mio with no deductible**. His new rider (PRUPrime Health Care Plus) has a higher Room limit compared to the previous one (Old PPH), from IDR 1,000,000 to cheapest-1-bed-1 room with bathroom inside or IDR 3,000,0000 fixed amount (whichever is higher). The coverage area is also upgraded from only covering Indonesia and Malaysia to Asia. In this case, the status of his policy is "**upgrade**", therefore he is required to undergo a full underwriting (FUW) process to issue the policy. If during the waiting period of the policy conversion he claims for the benefits, then he will be eligible to stay in the room according to his old Room and Board limit (Old PPH Plan 1 mio), in the old coverage area (Indonesia + Malaysia only), and with no deductible applied.



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**Claims treatment for new exclusions (FUW only) PHS/PHS Plus to PPH Plus**

| PHS/PHS Plus to PPH2 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|
| New R&B limit | > | > | > | < | < | < | = | = |
| New Coverage area | > | < | = | > | < | = | < | = |
| Status | UP | UP | UP | UP | DOWN | DOWN | DOWN | DOWN |
| UW | FUW | FUW | FUW | FUW | GIO | GIO | GIO | GIO |
| New Ex and WP | PAY ACCORDING TO | | | | | | | |
| R&B limit | OLD | OLD | OLD | OLD | NEW | NEW | NEW | NEW |
| Coverage area | OLD | OLD | OLD | OLD | NEW | NEW | NEW | NEW |
| Deductible | N | N | N | N | NEW | NEW | NEW | NEW |

**Note:**
WW excl US,JP,Canada to WW excl US is not defined as area upgrade i.e. same area

**Legend:**

| |
|---|
| GIO |
| FUW |

**Example (Scenario 5)**

An Insured who owns **PRUHospital and Surgical Cover Plus (PHS Plus) Plan H** wants to convert his policy into the new **PRUPrime Health Care Plus (PPH2) Bronze A-500K with no deductible**. His new rider (PRUPrime Health Care Plus) has a lower Room Limit compared to the PHS Plus, from IDR 3,000,000 to cheapest-2-bed-1 room or IDR 500,000 fixed amount (whichever is higher). The coverage area is downgraded from initially covering Indonesia and Malaysia to Indonesia only. In this case, the status of his policy is "**downgrade**", therefore he only needs to undergo GIO process. If during the waiting period of the policy conversion he claims for the benefits, then he will be eligible to stay in the room according to his new Room Limit (**PRUPrime Health Care Plus (PPH2) Bronze A-500K with no deductible**), in the new coverage area, and with new deductible.



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**iii.** Medical underwriting
Follow medical underwriting for Alteration as follows:

**a. PRU-elites club**

| Age (ANB) | Cermat 1 350 | Cermat 2 600 | Cermat 3 700 | Bronze A 550 | Bronze A 1,100 | Bronze B 1,100 | Bronze B 3,000 | Silver A 550 | Silver A 1,100 | Silver B 1,100 | Silver B 3,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1-15yo | Follow NML for basic | | | Follow NML for basic | | | | Follow NML for basic | | | |
| 16-35yo | Follow NML for basic | | | Follow NML for basic | | | | Follow NML for basic | | | |
| 36-40yo | Follow NML for basic | | | Follow NML for basic | | | | Follow NML for basic | | | |
| 41-50yo | Follow NML for basic | | | Follow NML for basic | | | | Follow NML for basic | | | |
| 51-55yo | Follow NML for basic | | Follow NML for basic | Follow NML for basic | | | | Follow NML for basic | | | |
| 56-60yo | Follow NML for basic | | Follow NML for basic | Follow NML for basic | | | | Follow NML for basic | | | |
| 61-65yo | Follow NML for basic | | | Follow NML for basic | | | | Follow NML for basic | | | |
| 66-70yo | MED 1 | MED 1 | MED 3 | MED 3 | MED 3 | MED 3 | MED 3 | MED 3 | MED 3 | MED 3 | MED 3 |
| 71-75yo | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 |

| Age (ANB) | Gold A 1,100 | Gold A 3,000 | Gold B 1,700 | Gold B 5,000 | Platinum 1,700 | Platinum 10,000 | Diamond 1,700 | Diamond 10,000 |
|---|---|---|---|---|---|---|---|---|
| 1-15yo | Follow NML for basic | | | | MED 1 | | | |
| 16-35yo | Follow NML for basic | | | | MED 1 | MED 3 | MED 1 | MED 3 |
| 36-40yo | Follow NML for basic | | | | MED 3 | MED 10 | MED 3 | MED 10 |
| 41-50yo | Follow NML for basic | | | | MED 10 | | | |
| 51-55yo | Follow NML for basic | | | | MED 10 | | | |
| 56-60yo | Follow NML for basic | MED 3 | | MED 10 | MED 10 | | | |
| 61-65yo | Follow NML for basic | MED 3 | | MED 10 | MED 10 | | | |
| 66-70yo | MED 3 | | | MED 10 | MED 10 | | | |
| 71-75yo | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 |

**b. Non PRU-elites club**

| Age (ANB) | Cermat 1 350 | Cermat 2 600 | Cermat 3 700 | Bronze A 550 | Bronze A 1,100 | Bronze B 1,100 | Bronze B 3,000 | Silver A 550 | Silver A 1,100 | Silver B 1,100 | Silver B 3,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1-15yo | Follow NML for basic | | | Follow NML for basic | | | | Follow NML for basic | | | |
| 16-35yo | Follow NML for basic | | | Follow NML for basic | | | | Follow NML for basic | | | |
| 36-40yo | Follow NML for basic | | | Follow NML for basic | | | | Follow NML for basic | | | |
| 41-50yo | Follow NML for basic | | | Follow NML for basic | | | | Follow NML for basic | | | |
| 51-55yo | Follow NML for basic | | Follow NML for basic | Follow NML for basic | | | | Follow NML for basic | | | |
| 56-60yo | Follow NML for basic | | Follow NML for basic | Follow NML for basic | | | | Follow NML for basic | | | |
| 61-65yo | Follow NML for basic | | | Follow NML for basic | | | | Follow NML for basic | | | |
| 66-70yo | MED 1 | MED 3 | MED 3 | MED 3 | MED 3 | MED 3 | MED 3 | MED 3 | MED 3 | MED 3 | MED 3 |
| 71-75yo | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 |

| Age (ANB) | Gold A 1,100 | Gold A 3,000 | Gold B 1,700 | Gold B 5,000 | Platinum 1,700 | Platinum 10,000 | Diamond 1,700 | Diamond 10,000 |
|---|---|---|---|---|---|---|---|---|
| 1-15yo | Follow NML for basic | | | | MED 1 | MED 1 | MED 1 | MED 1 |
| 16-35yo | Follow NML for basic | | | | MED 1 | MED 3 | MED 1 | MED 3 |
| 36-40yo | Follow NML for basic | | | | MED 3 | MED 10 | MED 3 | MED 10 |
| 41-50yo | Follow NML for basic | MED 1 | | | MED 10 | | | |
| 51-55yo | Follow NML for basic | MED 3 | | MED 10 | MED 10 | | | |



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| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 56-60yo | Follow NML for basic | MED 3 | | MED 10 | MED 10 | | | | |
| 61-65yo | Follow NML for basic | MED 3 | | MED 10 | MED 10 | | | | |
| 66-70yo | MED 3 | MED 3 | | MED 10 | MED 10 | | | | |
| 71-75yo | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | MED 10 | |

MED 1 : Medical Examination Report (MER)
MED 3 : MER, Urinalysis
MED 10 : MER, Urinalysis, Complete Blood Test, ECG

*Notes*: Complete Blood Test: Same as Complete Blood test by PLAI's main NML table:

| **Current Test** |
|---|
| FBS |
| Complete Blood Count<br>- ESR<br>- Erythrocyte<br>- HB<br>- Leucocytes<br>- Haematocrit<br>- Thrombocytes |
| Lipids<br>- Total Cholesterol<br>- HDL<br>- Triglycerides |
| RFT:<br>- Urea Nitrogen<br>- Creatinine<br>- Uric Acid |
| LFT:<br>- Total Protein<br>- Serum Albumin<br>- Serum Globulin<br>- Albumin/Globulin ratio<br>- SGPT<br>- SGOT<br>- GGT<br>- Alkaline Phosphatase<br>- Total Bilirubin<br>- Direct bilirubin<br>- Indirect bilirubin |
| VDRL |
| AFP |
| HbA1c |
| HbsAg |

iv. Waiting period

The waiting period for conversion rules can be seen in the conversion tables depicted previously in point (ii). If the conversion is FUW, lien and waiting period clauses in section 4.2 Underwriting will be applied.

a) Upgrading/Downgrading of **PRU**Prime Healthcare Plus Pro Plan Type

i. The Policyholder may apply to:

- upgrade the Plan Type, including upgrade within higher plans (Bronze A-Diamond), within lower plans (Cermat 1-3), or from lower plans (Cermat 1-3) to higher plans (Bronze A-Diamond), subject to receipt of evidence of insurability on the Insured acceptable to PLA; or



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- downgrade the Plan Type, including downgrade within higher plans (Bronze A-Diamond), within lower plans (Cermat 1-3), or from higher plans (Bronze A-Diamond) to lower plans (Cermat 1-3).

ii. The Policyholder may apply to upgrade/downgrade the Plan Type at rider monthiversary given there is NO claim history in the rider year, including upgrade/downgrade within higher plans (Bronze A-Diamond), within lower plans (Cermat 1-3), from lower plans (Cermat 1-3) to higher plans (bronze A-Diamond), or from higher plans (Bronze A-Diamond) to lower plans (Cermat 1-3). It will be effective on the next benefit billing (next COI deduction).

iii. The Policyholder shall apply to upgrade/downgrade the Plan Type at rider anniversary (maximum 45 calendar days before rider anniversary) given there is claim history in the rider year, within higher plans (Bronze A-Diamond), within lower plans (Cermat 1-3), from lower plans (Cermat 1-3) to higher plans (bronze A-Diamond), or from higher plans (Bronze A-Diamond) to lower plans (Cermat 1-3). It will be effective on the day of rider anniversary.

iv. For upgrading of plan type, including upgrade within higher plans (Bronze A-Diamond), within lower plans (Cermat 1-3), or from lower plans (Cermat 1-3) to higher plans (Bronze A-Diamond), it shall go through underwriting process and follow the underwriting procedure which allows PLA to request medical examination or other requirements.

v. Terms and conditions for upgrading of plan type, including upgrade within higher plans (Bronze A-Diamond), within lower plans (Cermat 1-3), or from lower plans (Cermat 1-3) to higher plans (Bronze A-Diamond):
- New waiting period will apply to the increment of the benefit
- Any claim occurs within the waiting period will follow the eligible R&B benefits up to the limit of the plan before the upgrade.
- A pre-existing condition which has been permanently excluded will remain permanently excluded under the upgrade.
- Follow minimum death benefit

vi. For downgrading of plan type, including downgrade within higher plans (Bronze A-Diamond), within lower plans (Cermat 1-3), or from higher plans (Bronze A-Diamond) to lower plans (Cermat 1-3), it shall not go through underwriting process and no medical declaration is needed. Waiting period will follow the previous plan.

vii. Terms and conditions for downgrading of plan type, including downgrade within higher plans (Bronze A-Diamond), within lower plans (Cermat 1-3), or from higher plans (Bronze A-Diamond) to lower plans (Cermat 1-3):
- Waiting period will follow the plan before the downgrade
- Any claim occurs after the downgrade will follow the eligible R&B benefits of the new plan

viii. For Upgrading/Downgrading of Plan Type within higher plans (Bronze A-Diamond), within lower plans (Cermat 1-3), from lower plans (Cermat 1-3) to higher plans (bronze A-Diamond), or from higher plans (Bronze A-Diamond) to lower plans (Cermat 1-3), at monthiversary, **the maximum Annual Limit** until rider anniversary will be calculated proportionally.

For Upgrading/Downgrading of Plan Type across riders (from PPH to PPH+ Pro, from PPH+ to PPH+ Pro, or from all HS variant to PPH+ Pro), the annual limit will be reset.

*Proportional annual limit*

*= ((a/12) * annual limit of old plan) + ((b/12) * annual limit of new plan)*

Example:

- **Upgrade of the Plan Type within Higher plans (Bronze A-Diamond)**

Rider anniversary : June 2023
Upgrade date : September 2022
Annual Limit of old plan : Bronze A, annual limit IDR 3,000,000,000



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Annual Limit of new plan : Bronze B, annual limit IDR 4,000,000,000

Proportional Annual Limit = ((3/12) * IDR 3,000,000,000) + ((9/12) * IDR 4,000,000,000)
= IDR 3,750,000,000

- **Downgrade of the Plan Type within Higher plans (Bronze A-Diamond)**

Rider anniversary : June 2023
Downgrade date : September 2022
Annual Limit of old plan : Bronze B, annual limit IDR 4,000,000,000
Annual Limit of new plan : Bronze A, annual limit IDR 3,000,000,000

Proportional Annual Limit = ((3/12) * IDR 4,000,000,000) + ((9/12) * IDR 3,000,000,000)
= IDR 3,250,000,000

- **Upgrade of the Plan Type within Lower plans (Cermat 1-3)**

Rider anniversary : November 2024
Upgrade date : February 2023
Annual Limit of old plan : Cermat 1, annual limit IDR 400,000,000
Annual Limit of new plan : Cermat 2, annual limit IDR 700,000,000

Proportional Annual Limit = ((3/12) * IDR 400,000,000) + ((9/12) * IDR 700,000,000)
= IDR 625,000,000

- **Downgrade of the Plan Type within Lower plans (Cermat 1-3)**

Rider anniversary : November 2024
Downgrade date : February 2023
Annual Limit of old plan : Cermat 2, annual limit IDR 700,000,000
Annual Limit of new plan : Cermat 1, annual limit IDR 400,000,000

Proportional Annual Limit = ((3/12) * IDR 700,000,000) + ((9/12) * IDR 400,000,000)
= IDR 475,000,000

- **Upgrade of the Plan Type from Lower plans (Cermat 1-3) to Higher Plans (Bronze A-Diamond)**

Rider anniversary : November 2024
Upgrade date : February 2023
Annual Limit of old plan : Cermat 1, annual limit IDR 400,000,000
Annual Limit of new plan : Bronze A, annual limit IDR 3,000,000,000

Proportional Annual Limit = ((3/12) * IDR 400,000,000) + ((9/12) * IDR 3,000,000,000)
= IDR 2,350,000,000

- **Downgrade of the Plan Type from Higher plans (Bronze A-Diamond) to Lower plans (Cermat 1-3)**

Rider anniversary : November 2024
Downgrade date : February 2023
Annual Limit of old plan : Bronze A, annual limit IDR 3,000,000,000
Annual Limit of new plan : Cermat 1, annual limit IDR 400,000,000

Proportional Annual Limit = ((3/12) * IDR 3,000,000,000) + ((9/12) * IDR 400,000,000)
= IDR 1,050,000,000

- **Multiple Times of Upgrading and Downgrading of Plan Type**

Rider anniversary : November 2024
Upgrade date 1 : February 2023
Annual Limit of old plan 1 : Cermat 1, annual limit IDR 400,000,000



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Annual Limit of new plan : Bronze A, annual limit IDR 3,000,000,000

Proportional Annual Limit = ((3/12) * IDR 400,000,000) + ((9/12) * IDR 3,000,000,000)
= IDR 2,350,000,000

Rider anniversary : November 2025
Downgrade date 2 : May 2024
Annual Limit of old plan 1 : Cermat 1, annual limit IDR 400,000,000
Annual Limit of old plan 2 : Bronze A, annual limit IDR 3,000,000,000
Annual Limit of new plan : Cermat 2, annual limit IDR 700,000,000

Proportional Annual Limit = ((3/12) * IDR 400,000,000) + ((3/12) * IDR 3,000,000,000)
+ ((6/12) * IDR 700,000,000)
= IDR 1,200,000,000

Rider anniversary : November 2025
Upgrade date 3 : August 2024
Annual Limit of old plan 1 : Cermat 1, annual limit IDR 400,000,000
Annual Limit of old plan 2 : Bronze A, annual limit IDR 3,000,000,000
Annual Limit of old plan 3 : Cermat 2, annual limit IDR 700,000,000
Annual Limit of new plan : Gold A, annual limit IDR 5,000,000,000

Proportional Annual Limit = ((3/12) * IDR 400,000,000) + ((3/12) * IDR 3,000,000,000)
+ ((3/12) * IDR 700,000,000) + ((3/12) * IDR 5,000,000,000)
= IDR 2,275,000,000

ix. For Upgrading/Downgrading of Plan Type within higher plans (Bronze A-Diamond), within lower plans (Cermat 1-3), from lower plans (Cermat 1-3) to higher plans (bronze A-Diamond), or from higher plans (Bronze A-Diamond) to lower plans (Cermat 1-3) at monthiversary or rider anniversary, the PRUprime limit booster will be calculated in the same way, as per examples below:

For Upgrading/Downgrading of Plan Type across riders (from PPH to PPH+ Pro, or from PPH+ to PPH+ Pro), the PRUprime limit booster will be reset.

**Example 1 – Upgrade of the Plan Type within higher plans (Bronze A-Diamond) with no usage of PRUprime limit booster**

Rider anniversary : June 2023
Upgrade date : September 2022
PRUprime limit booster of old plan : Bronze A, IDR 8,000,000,000
PRUprime limit booster of new plan : Bronze B, IDR 12,000,000,000
PRUprime limit booster Usage : IDR 0
PRUprime limit booster after upgrade = IDR 12,000,000,000

**Example 2 – Upgrade of the Plan Type within higher plans (Bronze A-Diamond) with some usage of PRUprime limit booster**

Rider anniversary : June 2023
Upgrade date : September 2022
PRUprime limit booster of old plan : Bronze A, IDR 8,000,000,000
PRUprime limit booster of new plan : Bronze B, IDR 12,000,000,000
PRUprime limit booster Usage : IDR 800,000,000
PRUprime limit booster after upgrade = IDR 12,000,000,000 – IDR 800,000,000
= IDR 11,200,000,000

**Example 3 – Downgrade of the Plan Type within higher plans (Bronze A-Diamond) with no usage of PRUprime limit booster**

Rider anniversary : June 2023



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Upgrade date : September 2022
PRUprime limit booster of old plan : Bronze B, IDR 12,000,000,000
PRUprime limit booster of new plan : Bronze A, IDR 8,000,000,000
PRUprime limit booster Usage : IDR 0
PRUprime limit booster after upgrade = IDR 8,000,000,000

**Example 4 – Downgrade of the Plan Type within higher plans (Bronze A-Diamond) with some usage of PRUprime limit booster**

Rider anniversary : June 2023
Upgrade date : September 2022
PRUprime limit booster of old plan : Bronze B, IDR 12,000,000,000
PRUprime limit booster of new plan : Bronze A, IDR 8,000,000,000
PRUprime limit booster Usage : IDR 800,000,000
PRUprime limit booster after downgrade = IDR 8,000,000,000 – IDR 800,000,000
= IDR 7,200,000,000

**Example 5 – Downgrade of the Plan Type within higher plans (Bronze A-Diamond) with max usage of PRUprime limit booster**

Rider anniversary : June 2023
Upgrade date : September 2022
PRUprime limit booster of old plan : Bronze B, IDR 12,000,000,000
PRUprime limit booster of new plan : Bronze A, IDR 8,000,000,000
PRUprime limit booster Usage : IDR 12,000,000,000
PRUprime limit booster after downgrade = IDR 0

**Example 6 – Upgrade of the Plan Type within lower plans (Cermat 1-3) with no usage of PRUprime limit booster**

Rider anniversary : November 2023
Upgrade date : February 2023
PRUprime limit booster of old plan : Cermat 1, IDR 800,000,000
PRUprime limit booster of new plan : Cermat 2, IDR 1,400,000,000
PRUprime limit booster Usage : IDR 0
PRUprime limit booster after upgrade = IDR 1,400,000,000

**Example 7 – Upgrade of the Plan Type within lower plans (Cermat 1-3) with some usage of PRUprime limit booster**

Rider anniversary : November 2023
Upgrade date : February 2023
PRUprime limit booster of old plan : Cermat 1, IDR 800,000,000
PRUprime limit booster of new plan : Cermat 2, IDR 1,400,000,000
PRUprime limit booster Usage : IDR 300,000,000
PRUprime limit booster after upgrade = IDR 1,400,000,000 – IDR 300,000,000
= IDR 1,100,000,000

**Example 8 – Downgrade of the Plan Type within lower plans (Cermat 1-3) with no usage of PRUprime limit booster**

Rider anniversary : November 2023
Upgrade date : February 2023
PRUprime limit booster of old plan : Cermat 2, IDR 1,400,000,000
PRUprime limit booster of new plan : Cermat 1, IDR 800,000,000
PRUprime limit booster Usage : IDR 0
PRUprime limit booster after upgrade = IDR 800,000,000

**Example 9 – Downgrade of the Plan Type within lower plans (Cermat 1-3) with some usage of PRUprime limit booster**



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Rider anniversary : November 2023
Upgrade date : February 2023
PRUprime limit booster of old plan : Cermat 2, IDR 1,400,000,000
PRUprime limit booster of new plan : Cermat 1, IDR 800,000,000
PRUprime limit booster Usage : IDR 300,000,000
PRUprime limit booster after downgrade = IDR 800,000,000 – IDR 300,000,000
= IDR 500,000,000

**Example 10 – Downgrade of the Plan Type within lower plans (Cermat 1-3) with max usage of PRUprime limit booster**

Rider anniversary : November 2023
Upgrade date : February 2023
PRUprime limit booster of old plan : Cermat 2, IDR 1,400,000,000
PRUprime limit booster of new plan : Cermat 1, IDR 800,000,000
PRUprime limit booster Usage : IDR 1,400,000,000
PRUprime limit booster after downgrade = IDR 0

**Example 11 – Upgrade of the Plan Type from lower plans (Cermat 1-3) to higher plans (Bronze A-Diamond) with no usage of PRUprime limit booster**

Rider anniversary : November 2023
Upgrade date : February 2023
PRUprime limit booster of old plan : Cermat 1, IDR 800,000,000
PRUprime limit booster of new plan : Bronze A, IDR 8,000,000,000
PRUprime limit booster Usage : IDR 0
PRUprime limit booster after upgrade = IDR 8,000,000,000

**Example 12 – Upgrade of the Plan Type from lower plans (Cermat 1-3) to higher plans (Bronze A-Diamond) with some usage of PRUprime limit booster**

Rider anniversary : November 2023
Upgrade date : February 2023
PRUprime limit booster of old plan : Cermat 1, IDR 800,000,000
PRUprime limit booster of new plan : Bronze A, IDR 8,000,000,000
PRUprime limit booster Usage : IDR 300,000,000
PRUprime limit booster after upgrade = IDR 8,000,000,000 – IDR 300,000,000
= IDR 7,200,000,000

**Example 13 – Downgrade of the Plan Type from higher plans (Bronze A-Diamond) to lower plans (Cermat 1-3) with no usage of PRUprime limit booster**

Rider anniversary : November 2023
Upgrade date : February 2023
PRUprime limit booster of old plan : Bronze A, IDR 8,000,000,000
PRUprime limit booster of new plan : Cermat 1, IDR 800,000,000
PRUprime limit booster Usage : IDR 0
PRUprime limit booster after upgrade = IDR 800,000,000

**Example 14 – Downgrade of the Plan Type from higher plans (Bronze A-Diamond) to lower plans (Cermat 1-3) with some usage of PRUprime limit booster**

Rider anniversary : November 2023
Upgrade date : February 2023
PRUprime limit booster of old plan : Bronze A, IDR 8,000,000,000
PRUprime limit booster of new plan : Cermat 1, IDR 800,000,000
PRUprime limit booster Usage : IDR 300,000,000
PRUprime limit booster after downgrade = IDR 800,000,000 – IDR 300,000,000
= IDR 500,000,000



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**Example 15 – Downgrade of the Plan Type from higher plans (Bronze A-Diamond) to lower plans (Cermat 1-3) with max usage of PRUprime limit booster**

Rider anniversary : November 2023
Upgrade date : February 2023
PRUprime limit booster of old plan : Bronze A, IDR 8,000,000,000
PRUprime limit booster of new plan : Cermat 1, IDR 800,000,000
PRUprime limit booster Usage : IDR 8,000,000,000
PRUprime limit booster after downgrade = IDR 0

x. PLA has the absolute discretion to accept or refuse Upgrading/Downgrading of **PRU**Prime Healthcare Plus Pro Plan Type application.

b) Changes of Policy Term
- The Policyholder may apply to change the Policy Term of **PRU**Prime Healthcare Plus Pro at rider monthversary given there is NO claim history in the rider year. It will be effective on the next benefit billing (next COI deduction).
- The Policyholder shall apply to change the Policy Term of **PRU**Prime Healthcare Plus Pro at rider anniversary (maximum 45 calender days before rider anniversary) given there is claim history in the rider year. It will be effective on the day of rider anniversary.
- For changes of policy term, it shall not go through underwriting process and no medical declaration is needed.

c) Changes of PRUprime saver (deductible options) within **PRU**Prime Healthcare Plus Pro Plan Type
- The Policyholder may apply to change PRUprime saver (deductible options) at rider monthversary given there is NO claim history in the rider year. It will be effective on the next benefit billing (next COI deduction).
- The Policyholder shall apply to change PRUprime saver (deductible options) at rider anniversary (maximum 45 calendar days before rider anniversary) given there is claim history in the rider year. It will be effective on the day of rider anniversary.
- For changing from the plan WITH/WITHOUT to WITHOUT/WITH PRUprime saver (deductible options), the underwriting process follows the Conversion Table provided in Section 4.3

d) Surrender
- In the event that the Policyholder surrenders the RP ILP Policy, **PRU**Prime Healthcare Plus Pro must be surrendered.
- The criteria for surrender of **PRU**Prime Healthcare Plus Pro follow the respective RP ILP Policy attached to the rider.

e) Revival
- In the event that the RP ILP premium is revived, **PRU**Prime Healthcare Plus Pro may or may not be revived.
- **PRU**Prime Healthcare Plus Pro can be revived alone as long as the RP ILP Policy attached to is inforce.
- The Policyholder may revive **PRU**Prime Healthcare Plus Pro at rider monthiversary and it will be effective immediately but waiting period of this rider starting from the beginning.

f) Obsolete Riders
Terms & Condition for Obsolete Riders (**PRU**Prime Healthcare and **PRU**Prime Healthcare Plus):
- The Policyholder can only downgrade the Plan Type, and the underwriting process will follow the Conversion Table.
- The Policyholder of **PRU**Prime Healthcare or **PRU**Prime Healthcare Plus may upgrade the Plan Type only by doing conversion to **PRU**Prime Healthcare Plus Pro, and the underwriting process will follow the Conversion Table provided in section 4.3.
- The Policyholder can't change PRUPrime Saver and Policy Term.

g) Documents to be printed for alteration:
- Alteration within higher plans (Bronze A-Diamond) or within lower plans (Cermat 1-3):
  1. Endorsement



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2. Table of benefit

- Alteration from higher plans (Bronze A-Diamond) to lower plans (Cermat 1-3):
  1. Endorsement
  2. Table of benefit
  3. Policy provision (Ketentuan Khusus PPH Plus rider for Cermat 1-3)
  4. Table of surgical type
  5. Mailer kit
  6. E-card

- Alteration from lower plans (Cermat 1-3) to higher plans (Bronze A-Diamond):
  1. Endorsement
  2. Table of benefit
  3. Policy provision (Ketentuan Khusus PPH Plus Pro rider for Bronze A-Diamond)
  4. Mailer kit
  5. E-card

### 4.4 Claim procedure

- Claim calculation for lower plans (Cermat 1-3) of PPH Plus Pro rider:
  1. If the claim is approved and incurred in Indonesia with R&B as entitled plan, or If the covered room under the policy is not available in the chosen hospital, Insured is able to stay in the room that is one level above the covered room for **2 days**:
     a. If the claim is under as-charged benefit, then it will be paid as-charged.
     b. If the claim is under inner limit benefit, then it will be paid as inner limit amount in its plan.

  2. If the claim is approved and incurred outside Indonesia and/or R&B above entitled plan, then it will be paid as inner limit amount in its plan.

- Cashless Facility
  Cashless facility is facility of Health Services rendered by in Network Provider which the service will be provided by the Third Party Administrator that already assigned by Company (PLA) to enable Policyholder to obtain Health Service in Network Benefit as listed in the Policy Schedule subject to the terms, conditions exclusions and limitations of the policy, provided that:

  a) The health services are provided or referred by Network Provider and at a Network Provider's facility and the Insured Member has identified his/her status to the Network Provider before obtaining health services by showing his Participation Card;
  b) The policy does not guarantee the provision of health services by a particular network Provider in the Network Directory. The Network Directory is subject to change without prior notice to the Policyholder or Insured Member. The Insured Member is responsible for verifying whether the Provider selected is within the Network Directory before seeking health services
  c) Approval for health services requiring the Company's prior authorization is obtained; Authorization by the Company through TPA does not guarantee coverage. The Company through TPA reserves the right to review each claim for its eligibility, and non-eligibility expenses shall be denied. The Insured Member shall be notified of any resulting non-eligible expenses and shall be responsible for payment of all non-eligible expenses at the Provider before the Insured discharge from Provider.
  d) The Policyholder and/or Insured Member should pay directly to the Provider for any excess amount resulted from non-eligible expenses. In the event that the Policyholder and/or Insured Member, for whatever reasons, should owe the Company (PLA) any claim amount due to non-eligible expenses, the Company (PLA) shall hold Network Provider Facility and any claim made by the respective Insured Member and may deduct this amount from any subsequent reimbursement of Out Network Benefit Claims payment payable. The Policyholder shall be responsible for reimbursing the Company (PLA) any unsettled shortfall amount should the Insured Member fails to repay the Company and if no Out-Network Benefit claims payment is available for deduction by deducted from the cash value of the policy (if any).



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e) Service provider will provide cashless facility (only apply subject to TPA capability /Scope of TPA service) for inpatient service, one day surgery, cancer treatment, kidney dialysis, accident and emergency outpatient to insured which is entitled as long as the treatment is performed in the particular network Provider in the Network Directory and depending on whether the network provider is willing to provide these services.
f) Cashless facilities will not apply for pre and post hospitalization treatment, outpatient physiotherapy treatment. Cashless facility will only apply subject to TPA capability (Scope of service) and the insured whether having an optional outpatient benefit or not.
g) Cashless facilities will not apply for funeral expenses and HIV/AIDS benefit.
h) Specific for the treatment carried out in the United States, the Policy Holder and/or the Insured must obtain prior approval from the Insurer no later than 7 (seven) working days before the treatment begins.
i) Document requirement related to treatment pre-certification process abroad for overseas pre-certification process:
    - Policy Number.
    - Passport with visa stamp + VTL letter.
    - Email address and phone number.
    - Participant card/e-card
    - Previous medical examination results
    - Purpose Treatment
    - Date of treatment plan
    - Hospital and the intended doctor
    - Pre-Certification form (attached).

For plan Cermat 1 – 3, cashless facility will only be available for claims in Indonesia.

- Insurance Card

a) The Company (PLA) through TPA shall issue a Participation Card the Insured Member upon Policy issuance. The Insured Member is required to show his participation Card each time before obtaining health service from In Network Provider. The Participation Card identifies the Insured Member to the In Network Provider and supplies important information about the coverage. If the Insured Member does not show His/Her Participation Card then cashless facility In Network Provider do not apply.

b) The participation card shall be the property of the Company (PLA) and is not transferable. The Policyholder shall assume full responsibility for and shall give its best effort, to restrain the improper use of the Participation Card.

c) In the event of loss, damage or theft of the Participation Card, the Policyholder and/or Insured Member must report this to the Company immediately. Any expenses involving the use of the stolen or lost Participation Card shall be the sole responsibility of the Policyholder until such event is reported to and acknowledged by the Company (PLA). The Insured Member shall not be able to use Cashless Facility until the replacement Participation Card is issued.

- Reimbursement Facility

1. Required documents for Reimbursement Medical Claim.

Policyholder must send notification to PLA after Insured is hospitalized, and will have to submit the following claim documents within 30 days after the completion of the treatment:

a) Claim form that had been filled correctly and completely;
b) All original invoices and receipts of the charges for the treatment;
c) Coordination letter if Policy Holder submit claim for treatment, if held;
d) Complete diagnosis report from Doctor who did the diagnosis upon Insured's Disability and the starting date of that Disability.
e) Summary/detail of Doctor Charge, hospital bill and receipt for hospital treatment Include medicine and service;
f) Copy of laboratory result, medicine and diagnosis examinations and/or other examinations;
g) Copy of Policyholder's ID that is still valid;
h) Other document as may be necessary by PLA.

The claim documents must be in Bahasa Indonesia or English. If the documents are translated to Bahasa Indonesia or English.



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2. If required based on claim submitted, the Insurer may appoint a doctor to examine the Insured.
3. If there is any change, reduction or addition of information on claim submitted arising from the initiative of the Policyholder and/or Insured to the Insurer after the claim is rejected, which can cause changes in the Doctor's diagnosis and/or other matters related to the claim, the Insurer reserves the right to declare that the change, reduction or addition of information is void and the Insurer shall have no obligation of any kind to fulfill payment or any other related matter in respect of **PRU**Prime Healthcare Plus Pro.
4. The Company reserves the right to examine the claim documents submitted by the Policyholder.
5. The Policyholder understood and agreed that Company (PLA) reserves the right to reject the claim and/or cancel the basic coverage and/or any riders, if there is any fraud and/or forgery of documents that submitted to Company (PLA) related the policy from Policyholder or Insured Member. Then there shall be no paid premium return in respect of such Insured Member and the insurance shall be void.
6. The aforementioned provision above shall be valid to the other policies of the Policyholder and/or Insured Member due to proven fraudulence on such inaccurate and inconsistency information.
7. The reimbursement facility does not apply for the US treatment.

For plan Cermat 1 – 3, overseas claims can be assessed by reimbursement facility only.

- Benefit Computation
  a) In accordance with the Plan Type, Eligible Expenses shall be computed in the following sequence:
  b) deduct the Deductibles (where applicable);
  c) apply Pro-ration Factor (where applicable);
  d) reduce proportionately by the Co-insurance (where applicable); then
  e) subject the balance amount to the Benefit Limits (where applicable).
  f) the Aggregate Eligible Expenses will then be subject to Annual Limit (reset every Policy Year)
  g) the Aggregate Eligible Expenses will then be subject to PRUPrime Limit Booster (one limit during the Insured's lifetime).

- Coordination of Benefit
  If the Insured has health insurance from another insurance company that provides similar coverage for illness, Injury or disability, or also get reimbursement for any costs of hospitalisation for illness, injury or disability from any company, that also Insured under this Policy, the Insured must submit coordination benefit letter that is issued and has been signed by an authorised officer from the insurance company or the other company and we will pay the remaining expenses up to the maximum coverage under this Policy after deducted with the total of all insurance benefits paid by the insurance company or from all the reimbursement that have been paid by any company for any costs of hospitalisation for illness, injury and disability, then PLA will only pay the remaining costs up to the maximum amount coverage of this Policy.

- Daily Cash Benefit
  The Daily Cash Benefit will be payable if:

  a. The insured is hospitalized at the Hospital or Clinic and the insured has an insurance policy from another insurance company or insurance program that provides payment of health benefits to employees or insurance administered by the government ("other insurance") where this other insurance provides benefits similar to PRUPrime Healthcare Plus Pro policy and has been used to pay for the hospitalization costs while the Insured is hospitalized;
  b. It does not exceed the maximum annual benefit limit, total Annual Limit and a maximum of 100 days per Policy Year as listed in the Table of Benefit;
  c. The claim complies with the policy provisions;
  d. The Insured can only claim either Daily Cash Benefit or Coordination of Benefit (COB) at a time;
  e. The amount payable follows the following formula:

  **Amount payable =** $\boldsymbol{A \; x \; B}$

  Where:
  A = Number of days an Insured get hospitalized



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B = Eligible cash amount per day in accordance with the Plan

The submission of Daily Cash Benefit with Reimbursement Method must be accompanied by the following documents:

a. **PRU**Prime Healthcare Plus Pro Daily Cash Benefit claim form provided by the Insurer that has been filled in accurately, correctly and completely;
b. Copy of all invoices and receipts of the charges for the treatment;
c. Full report from the doctor who diagnoses the Disability of the Insured and the starting date of the Disability; and
d. Letter from another insurance company or insurance program that provides payment of health benefits to employees or insurance administered by the government ("other insurance") where this other insurance provides benefits similar to PRUPrime Healthcare Plus Pro policy, which explains that the cost of the Hospital or Clinic has been paid in accordance with the terms and conditions applied to that insurance.

The requirements stated in point (a) to (d) above must be made or translated in Bahasa Indonesia or English.

The total eligible cash amount will be transferred to Policyholder's Bank Account.

### 4.5 Life Asia System (LAS)

- To set-up the new plan code & resources code

| | **Agency** |
|---|---|
| Plan Code | Conventional:<br>• H1H1 (Bronze A-Diamond)<br>• H1H3 (Cermat 1-3)<br>Sharia:<br>• H1H5 (Bronze A-Diamond)<br>• H1H7 (Cermat 1-3) |
| Resources Code | TBD |

- To set term options : 55, 65, 75, 85, 99
- To update the riders matrix
- To set 4 types of regular payment
- The additional 3 new lower plans (Cermat 1-3) will have different rider code to the existing plans (Bronze A-Diamond) of PPH Plus rider.

### 4.6 Sales Quotation System (SQS)

- To create a new version of SQS for agency and bancassurance for both New Business and Alteration that enable attachment of this rider on RP ILP Policies (e.g. PAA, PAA Pro, PSAA, PSAA Pro & Hybrid) variant sold by banks and future agency.
- To update the riders list
- To update the riders matrix
- To set term options: 55, 65, 75, 85, 99
- To set rider code (follow Life Asia)
- The rider explanation (page-1)
- To update the table benefit
- To update insured income validation
- To add minimum death or additional CC Sum Assured
- To add a page stating "If customer own any of **PRU**Hospital & Surgical variant or **PRU**Prime Healthcare or **PRU**Prime Healthcare Plus, it will be dropped to allow for **PRU**Prime Healthcare Plus Pro to be chosen". This page will be signed by the Policyholder.



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- To add a page in the illustration output showing scenarios of potential repriced premium for x% of medical inflation. This page will be signed by the Policyholder.
- To show Levelized premium on SQS output
- The additional 3 new lower plans (Cermat 1-3) will have different rider code to the existing plans (Bronze A-Diamond) of PPH Plus rider.

## 5. Sales and distribution

### 5.1 Distribution channel

**5.1.1** Suitable distribution channel

- Primary distribution channel: Agency
- Secondary channels (if applicable): not available

### 5.2 Sales remunerations

| No | Description | Rider |
|---|---|---|
| 1 | Commission rates for each channel (basic and overriding) | Follow basic policy and distribution channel's policy |
| 2 | Production bonus, persistency bonus and other bonuses | |
| 3 | Other payments allowed or restrictions | |

**5.2.1** Training requirements

- Training required
  - To develop new sales training module
  - To conduct separate training for internal/head office for Agency
  - To conduct training for existing sales force for Agency
  - Training and online test in SFA for Agency

  Training is conducted through socialization of Agency/PD update and specific training programs organized by TED/PD which is open to the GAs/leaders/agents to attend.
- Estimation of training time and cost
  To be discussed separately with training department (not part of scope approval)

### 5.3 Projected sales volume

**5.3.1** Business volume

- APE
  Due to confidentiality, such information will not be published in the internal product spec. Only restricted persons can have this information.

**5.3.2** Average Policy profile

- Age : 30 – 45 years old
- Premium : ≥ IDR 1,000,000/month
- Sum Assured : IDR 100,000,000
- Payment Mode : Monthly

**5.3.3** Target New Business Achieved Profit (NBAP) expected per annum
**Due to the confidentiality of data and assumptions used therefore we are not explaining and putting any information related to this point.**

## 6. Other Supporting Systems



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**6.1 Underwriting system**
Magnum

**6.2 Workflow system**
As per existing workflow

**6.3 Sales Illustration System**
Refer to Section 4.6

**6.4 Agency System**

**6.5 Accounting system**
SUN System

**6.6 Valuation system**
Prophet

**6.7 Reinsurance System**
Life Asia System

**6.8 Claim system**
Life Asia System

**6.9 Customer Information Management System**
Life Asia System

**6.10 Campaign Management System**
Life Asia System

**6.11 E-Commerce (corporate website, sales force website, customer website)**
As per existing

**6.12 Agent tools**
Sales pitch, brochure, product summary, SPAJ and Illustration

**6.13 External reporting**
As per existing reporting

## 7. Competitors

### 7.1 Competitor Analysis

#### 7.1.1 Key competitors participating in the segment

- Top players and their primary product offering:

**1. Rider Product**

| | |
|---|---|
| Allianz | : Hospital & Surgical Care Premier Plus |
| AIA | : Premier Hospital & Surgical Extra |
| Manulife | : MiSmart Healthcare |
| Axa | : Easy Health |

- Market share: No information.
- Recent marketing and promotional activities: No information.



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### 7.1.2 Competitive Landscape

| Feature | Prudential | Allianz | AIA | Manulife | Axa |
|---|---|---|---|---|---|
| Product Name | **PRU**Prime Healthcare Plus Pro | Hospital & Surgical Care Premier Plus | Premier Hospital & Surgical Extra | MiSmart Healthcare | Easy Health |
| Base or Rider | Rider | Rider | Rider | Rider | Rider |
| Product Type | Rider | Rider | Rider | Rider | Rider |
| Currency Options | IDR | IDR | IDR | IDR | IDR & USD |
| Premium & Coverage Periods | • Premium periods: following the rider term<br>• Coverage periods: 5 terms option are available (55/65/75/85/99) | • Premium periods: following the rider term<br>• Coverage periods: up to 99 years old | • Premium periods: following the rider term<br>• Coverage periods: 3 terms option are available (70/80/99) | • Premium periods: following the rider term<br>• Coverage periods: up to 110 years old | • Premium periods: following the rider term<br>• Coverage periods: up to 100 years old |
| Premium Structure | Regular premium (following RP ILP) | Regular premium (following RP ILP) | Regular premium (following RP ILP) | Regular premium (following RP ILP) | Regular premium (following RP ILP) |
| Renewability | Non-guaranteed renewal | Non-guaranteed renewal | Non-guaranteed renewal | Non-guaranteed renewal | Non-guaranteed renewal |
| Insurance Benefits | | | | | |
| Death | | | | | |
| Permanent Disability | | | | | |
| Temporary Disability | | | | | |
| Critical Illness | | | | | |
| Inpatient | | | | | |
| Outpatient | | | | | |

## Features Comparison

New Medical Rider vs Others

| Feature | PRUPrime Healthcare Plus | New Medical Rider | AXA – Easy Health | AIA - Premier Hospital & Surgical Extra | Allianz – Hospital & Surgical Care Premier Plus | Manulife – MiSmart Healthcare |
|---|---|---|---|---|---|---|
| Room Price Limit | Option 1: Up to Rp1,500,000<br>Option 2: Up to Rp10,000,000 | Option 1: Up to Rp2,500,000<br>Option 2: Up to Rp10,000,000 | Up to Rp15.000.000 | Up to Rp8.000.000 | Up to Rp8.000.000 | Up to Rp9.000.000 |
| *Intensive Care Unit* (ICU) | Max 150 days per year | In accordance with calendar days per year (except vegetative state 150 days per year) | Max 365 days per year | Max 365 days per year | Max 365 days per year | Max 365 days per year |
| General Practitioner Visit | Max 2 visits per day | Unlimited visit/day | Max. 2 visits per day | Max. 2 visits per day | Max. 2 visits per day | Max. 1 visit per day |
| Specialist Visit | Max 2 visits per day per type of specialization | Unlimited visit/day | Max 2 visits per day per type of specialization | Max. 2 visits per day | Max. 2 visits per day | Max. 2 visits per day |



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# Features Comparison

New Medical Rider vs Others

| Feature | PRUPrime Healthcare Plus | New Medical Rider | AXA – Easy Health | AIA - Premier Hospital & Surgical Extra | Allianz – Hospital & Surgical Care Premier Plus | Manulife – MiSmart Healthcare |
|---|---|---|---|---|---|---|
| Annual Limit | Up to Rp15 Bio | Up to Rp20 Bio | Up to Rp60 Bio | Up to Rp20 Bio | Up to Rp25 Bio | Up to Rp15 Bio |
| *Limit Booster* | Up to Rp40 Bio | Up to Rp50 Bio | N/A | Up to Rp45 Bio | Up to Rp25 Bio (Optional benefit) | N/A |
| Reconstructive Surgery | As charged (accident or cancer and only for the face and breasts) | As charged (accident or cancer) | As Charged | N/A | N/A | As charged (accidents and only for breasts) |
| Higher Room Limit Tolerance Due To Unavailable Room | The first 2 (two) days following the initial hospitalization | The first 2 (two) days following the initial hospitalization, or from the date of discharge from the initial intensive care unit, if the initial hospitalization occurred in an intensive care unit | The first 2 (two) days following the initial hospitalization | The first 2 (two) days following the initial hospitalization. If the room is not available, then it is only charged for the excess cost of the room | The first 2 (two) days following the initial hospitalization | The first 2 (two) days following the initial hospitalization |
| Funeral Compensation | Rp15 Mio | Up to Rp30 Mio | Up to Rp50 Mio | N/A | Rp25 Mio | Up to Rp30 Mio |
| Physiotherapy, Occupational Therapy, and Speech Therapy | Max 1 visit per day for the whole therapy; 30 days before hospitalization, during hospitalization and 90 days after hospitalization; Maximum 90 days per Policy Year | Unlimited visit. 30 days before hospitalization, during hospitalization and 90 days after hospitalization; Maximum 90 days per Policy Year | Physiotherapy only. Maximum 60 days before hospitalization, and 90 days after hospitalization; | Physiotherapy only. Maximum 30 days before hospitalization, during hospitalization, and 120 days after hospitalization; Maximum 90 days per year | Only Outpatient Physiotherapy. Max. 60 days Before hospitalization Max. 90 days After hospitalization | Physiotherapy only after hospitalization. 90 days from the date of discharge from the hospital |

# Features Comparison

New Medical Rider vs Others

| Feature | PRUPrime Healthcare Plus | New Medical Rider | AXA – Easy Health | AIA - Premier Hospital & Surgical Extra | Allianz – Hospital & Surgical Care Premier Plus | Manulife – MiSmart Healthcare |
|---|---|---|---|---|---|---|
| Palliative Care | N/A | As Charged (Hospitalization & Outpatient) | Up to Rp300,000,000 (Hospitalization & Daily Hospitalization) | N/A | Up to Rp250,000,000 (Outpatient only) | N/A |
| Traditional Treatment | N/A | Up to Rp1.000.000 per day or Rp50.000.000 per year | Up to Rp35,000,000, Maximum 1 Visit per day within 90 days after Hospitalization | N/A | Up to Rp1,000,000 for medicines per Hospitalization or Rp50,000,000 per year | Max. Rp500,000 per treatment, Up to 8x visits per year |
| Outpatient Psychiatric Care | N/A | 90 days after hospitalization, with benefits up to Rp50,000,000/year | N/A | N/A | 90 days after hospitalization, with benefits up to Rp50,000,000/year | Rp2.500.000/year |

| Accident | | | | | |
|---|---|---|---|---|---|



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| | | | | | |
|---|---|---|---|---|---|
| Waiver of Premium | | | | | |
| Others | | | | | |
| Savings Benefits | N/A | N/A | N/A | N/A | N/A |
| Periodic Payments | | | | | |
| Surrender | | | | | |
| Maturity | | | | | |
| Others | | | | | |
| Charges | N/A | N/A | N/A | N/A | N/A |
| Initial | | | | | |
| Annual | | | | | |
| Insurance | | | | | |
| Surrender | | | | | |
| Account Structure | N/A | N/A | N/A | N/A | N/A |
| Fund Options | N/A | N/A | N/A | N/A | N/A |
| Target customer IRR | To be filled by Actuary | To be filled by Actuary | To be filled by Actuary | To be filled by Actuary | To be filled by Actuary |
| Guarantees | | | | | |
| Min & max entry ages | 30 days-75 years old (next birthday) | 30 days-70 years old | 1 month-70 years old | 30 days-70 years old | 15 days-75 years old |
| Underwriting Approach | Fully underwritten | Fully underwritten | Fully underwritten | Fully underwritten | Fully underwritten |
| Unique Selling Points | • Flexibility to choose coverage area, room type, and fixed amount<br>• Competitive annual limit up to IDR 70 bio (including PRUPrime Limit Booster)<br>• As charge Palliative Care benefit for inpatient and outpatient<br>• Traditional Medical Treatment<br>• Psychiatric and Psychological Care<br>• Telehealth | • Flexibility to choose coverage area and room type<br>• Annual limit up to IDR 50 bio<br>• Palliative Care up to IDR 250 mio for outpatient only<br>• Traditional Medical Treatment<br>• Psychiatric and Psychological Care<br>• Telehealth | • Flexibility to choose coverage area and room type<br>• Annual limit up to IDR 65 bio | • Flexibility to choose coverage area and room type<br>• Annual limit up to IDR 15 bio<br>• Traditional Medical Treatment<br>• Psychiatric Care | • Flexibility to choose coverage area and room type<br>• Annual limit up to IDR 60 bio<br>• Palliative Care up to IDR 300 mio for inpatient and outpatient<br>• Traditional Medical Treatment |



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**7.1.3 Key learning's from competitors**
No information.

**7.2 Product comparison**
**7.2.1 Technical feature comparison**

Health Product Comparison v12.xlsx

**7.2.2 Qualitative proposition comparison**

- Sales pitch

- Market positioning
  A comprehensive Hospital and Surgical offering with first class experience for upper mass market and mass affluent segments.

- Other customer benefits
  - Competitive annual limit with **PRU**Prime Limit Booster
  - No per disability limit
  - No Claim Bonus (NCB) or Fasilitas Manfaat Berkembang (in syariah)
  - 2nd medical opinion (in Bahasa)
  - Medical Evacuation

## 8. Risk and Compliance

**8.1 Regulatory Compliance**
**8.1.1** In reviewing the product features we have checked the adherence to relevant regulation such as:

1. POJK No.1/POJK.07.2013 on consumer protection.
2. SEOJK No.12/SEOJK.07/2014 on Information Delivery in Sales Process Related to Product and/or Service of Financial Services Institution.
3. SEOJK no 13/SEOJK.07/2014 on standard contract.
4. POJK No.23/POJK.05/2015 on Insurance product and its marketing.
5. POJK no.14/POJK.05/2015 as lastly amended by POJK No.19/POJK.05/2019 & SEOJK no.31/SEOJK.05/2015 on Own Retention and Domestic Reinsurance Support.
6. POJK No.69/2016 on Insurance Business Operation.
7. SEOJK No.13/SEOJK.05/2016 on Insurance Product Reporting for Insurance Company.
8. SEOJK No.18/SEOJK.05/2016 on Sharia Insurance Product Reporting for Insurance Company.
9. SEOJK No.19/SEOJK.05/2020 on Insurance Product Distribution Channel.
10. OJK Regulation No.58/2020 on Amendment of OJK Regulation No.4/2020 on Countercyclical Policy of COVID-19 Outbreak Impact for Non-Bank Financial Institution (related to Virtual Face-to-Face).
11. OJK Regulation No.61/POJK.07/2020 on Alternative Dispute Resolution Body of Financial Services Sectors.
12. OJK Regulation No. 71/POJK.05/2016/ on Financial Soundness of Insurance and Reinsurance Company.
13. OJK Guidelines on Advertisement.
14. OJK Guidelines on Product Summary.
15. Fatwa Of The National Sharia Oard Of Indonesian Ulama Assembly No : 139/Dsn-Mui/112021 Regarding Marketing Of Insurance Products Based On Sharia Principles.

**8.1.2** Impact of future/potential regulatory changes
The draft OJK circular letter regarding insurance products related to investment stipulates that there is no waiting period for basic products and additional products on PAYDI, so that this can also have an impact on PPH+ Pro riders.



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**8.1.3** Adherence where relevant to PCA minimum compliance standards

PCA minimum compliance standards mainly relates to the product information disclosure during the sales process. Adherence to PCA minimum compliance standards will be ensured through the review of product training and sales materials.

**8.2 Sales illustrations and literature (Please attach sample copy)**

**8.2.1** Sales illustration (and in-force illustration, if any)
Follow the basic products (RP ILP).

**8.2.2** Compliance to local regulatory requirement, if any
Compliance is reviewing the materials and will advice to ensure regulatory compliance accordingly.

Please attach (English translated copies where suitable) sample point of sale sales illustrations including any available sample sales literature (i.e. product brochure and relevant sales aids).

***Note: Final version must be separately approved by local compliance function before product is launched and a copy extended to Regional Office***

**8.3 Policy contract (Please attach sample copy)**

**8.3.1** Comments on Policy contract being reviewed by the following parties:

- Local legal advisor
- Risk management
- Actuarial
- Operation (including underwriting, claims and Policy servicing)
- Marketing

Please attach (English translated copies where suitable) sample contract (and sample life insured certificate for group policies)

***Note: Final version must be separately approved by local compliance function before product is launched and a copy extended to Regional Office***

**8.4 Risk assessment**

**Financial Risk Assessment**

- PPH+ Pro ( lower plan (Cermat 1-3) were created to accommodate the HS Plus A-C that hard to jump in to the lowest plan PPH+/Bronze A due to very high COR increment, and also with such condition that not to overpowering Bronze A (annual limit Bronze A is more than 3x Cermat 3 and PRUprime limit booster as well), then the cannibalization risk is observed low.
- The NBPM under GRA 1-in-10 year stress meets the minimum Unit-Linked RBDM limit of 65% for both Conventional.
- Reinsurance and SAA will follow the current PPH Plus Pro scheme and no issue observed.
- There is no significant inflation risk issue by room type since Cermat 1-3 is inner limit, meanwhile Bronze A is cheapest 2-bed-1-room which can be affected by inflation risk. It's also been tested in sensitivity part and the margin was not far from the base.

**Non-Financial Risk Assessment**

Assessment made of any reputational risk in local market place of product launch.

- Claim fraud due to unclear explanation in policy provision
- Incorrect to interpret meanings of policy provision by PLA staff
- Inadequate testing scenarios and time during UAT phase for features which requires system development.
- Agents do not fully understand the product which may leads to mis-selling.



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**8.5 AML assessment**

This product is low risk from money laundering viewpoint. Feature with no cash value and regularity of premium feature that provides some degree of comfort that clients are in the relationship for the long term (as opposed to the short-term nature of single premium transaction typically sought by money launderers), only a rider that provide health benefit, making it highly unlikely to be the choice product for laundering illicit funds.



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